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LATIN AMERICAN AND THE CARIBBEAN COMMISSION FOR AGRICULTURAL STATISTICS

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Minimum Dietary Diversity for Women (MDD-W)

Executive summary

Until 2024, the indicator framework for Target 2.2 overlooked a prerequisite for ending malnutrition in all its forms: the achievement of healthy diets. The absence of an indicator of dietary intake meant that the importance of healthy diets to achieving the 2030 Agenda was disregarded, potentially hampering evidence-informed actions to improve nutrition and health. In the context of the 2025 Comprehensive Review of the SDG indicator framework, FAO and UNICEF supported a proposal for an additional indicator on the "prevalence of minimum dietary diversity (MDD)" to help close this important data gap and thus help to complete the picture on progress towards SDG 2. Submitted by a coalition of partners led by Switzerland, the proposal was approved by the IAEG-SDG in December 2024 and then by the UN Statistical Commission in March 2025. The MDD indicator represents a minimal additional burden on countries, having been designed to allow for easy enumeration, analysis, interpretation, and integration into existing data collection efforts. Including an indicator on populations' diets can help inform the actions needed not just to deliver SDG 2, but also to ensure the good nutrition, health and development of populations on which all SDGs rely. As the custodian agency for the Minimum Dietary Diversity for Women (MDD-W) component of the indicator, FAO is ready to support countries in collecting the required data and producing global and regional estimates.

Suggested actions by LACCAS

The Commission is invited to:

- Encourage its member countries to incorporate the corresponding MDD-W module into national (household) surveys and compute the MDD-W indicator;
- Encourage FAO to support member countries develop the capacities for collecting, producing and analyzing the MDD-W indicator.

Queries on the substantive content of this document may be addressed to:
LACCAS Secretariat;
Email: RLC-WG-STATS@fao.org

I. Introduction

1. As also mentioned in LACCAS/32/3.1, FAO is now the custodian agency for one additional SDG indicator, bringing the total number to 22. The approval of this additional indicator is the result of a lengthy process embedded in the 2025 Comprehensive Review of the SDG indicator framework. The new indicator is Minimum Dietary Diversity (MDD), comprising two similar yet distinct components: MDD for Infants and Young Children (MDD-C), which will be under the custodianship of UNICEF, and MDD for Women (MDD-W), which is under the custodianship of FAO.

2. This document will therefore trace the key milestones in the process to adopt MDD as an additional SDG indicator (section II), recall the fundamental rationale for including MDD as a new indicator under SDG 2 and its Target 2.2 (section III), and elaborate on the key methodological characteristics of the indicator (section IV).

II. Overview of the 2025 Comprehensive Review process

3. The 2025 Comprehensive Review of the SDG indicator framework[1] was the second – and last – such comprehensive review within the time horizon of the 2030 Agenda for Sustainable Development. During this process, it was possible to table proposals for indicator deletions, additions, replacements, or substantial changes. The main stages of the 2025 Comprehensive Review were the following:

- November 2023: the IAEG-SDG shared specific criteria for the 2025 Comprehensive Review;
- 1-30 April 2024: Open call for proposals. All proposals for indicator changes for the 2025 Review had to be submitted to the Secretariat by 30 April;
- May-June 2024: Collection and compilation of proposals;
- July-August 2024: open consultation was held on a preliminary list of a proposal of indicator changes;
- September 2024: the IAEG-SDG reviewed the results of the consultations;
- October 2024: at the 15th IAEG-SDG meeting on 22-23 October in Oslo, Norway the Group reviewed the draft proposal of indicator changes to be included in the 2025 Comprehensive Review;
- December 2024: the IAEG-SDG prepared the final proposal for the 2025 Comprehensive Review and submitted it to the Statistical Commission for its consideration at its next session in March 2025;
- March 2025: the 56th Statistical Commission reviewed and approved the recommendations of the IAEG-SDG.

4. To have a chance at being considered as an additional indicator, a proposed indicator had to comply with the following basic criteria:

- Any proposed new indicator had to have an agreed methodology and data available for at least 40% of countries and of the population across the different regions where the indicator is relevant;

[1] IAEG-SDGs 2025 Comprehensive Review Process IAEG-SDGs — SDG Indicators (un.org)

- An additional indicator could be considered only in exceptional cases when a crucial aspect of a target was not being monitored by the existing indicator(s) or to address a critical or emerging new issue that was not monitored by the existing indicators.

5. Bearing these criteria in mind, a coalition of partners led by Switzerland, developed and submitted a proposal for a new indicator under SDG Target 2.2 on the "Prevalence of minimum dietary diversity (MDD), by population group (children aged 6-23.9 months and women aged 15 to 49 years) (percentage)," whereby UNICEF would be responsible for the component on MDD for Infants and Young Children (MDD-C) and FAO responsible for the component on MDD for Women (MDD-W). The proposal was elaborated in the early months of 2024 by FAO (for the MDD-W component focusing on women) and UNICEF (for the MDD-C component focusing on children), under the overall leadership of Switzerland (Chair of the UN Statistical Commission at the time and *ex-officio* member of the IAEG-SDG) and with the support of Brazil, Bangladesh, Malawi, WHO, IFAD and WFP.

6. This coalition of proposing countries and agencies argued that adopting MDD as a new SDG indicator would cover a critical gap in the SDG indicator framework, which hitherto lacked any direct indicator of dietary intake. Moreover, datasets were provided to demonstrate that the proposal fulfilled all the IAEG-SDG basic criteria in that the indicator already had a well-established methodology, data was available for over 40 percent of countries, and the approval of the indicator would represent but a minimal additional reporting burden on countries.

7. After the formal submission of the proposal to the IAEG-SDG in April 2024, FAO undertook several initiatives to garner support for the proposal among a wide range of stakeholders. These included an event organized by FAO, Switzerland and Brazil on the 6th of June 2024 ("From Plates to Progress: Achieving SDG2 through Healthy Diets Measurement")[2] and a side event at CFS52 on the CFS Policy Recommendations on Food Security and Nutrition (FSN), which included an item on the MDD indicator.

8. Meanwhile, the FAO Statistics Division had also ensured that FAO Members were kept abreast of developments, hence providing an update to the 175th FAO Council (10-14 June 2024) under document CL 175/INF/4 WA3[3]:

9. Thanks to such initiatives, in additional to numerous other informal bilaterial outreach actions, the MDD proposal accrued the highest number (261) and percentage (98 percent) of supportive comments during the open consultation organized by the IAEG-SDG in July-August 2024, whereby 15 short-listed proposals (out of an initial total of 68 proposals) where subject to comments and feedback by any stakeholder. Of these 15 short-listed proposals, 7 concerned proposals for additional indicators, whereas the other 8 consisted of either replacements or substantial methodological changes.

10. A series of closed IAEG-SDG meetings in the period September-October 2024 (including the closed meeting of members in Oslo, 21st October) aimed to narrow down this list and take a definitive decision on each of these proposals. Thereafter, at the IAEG-SDG plenary meeting on 22-23 October 2024, the Group decided to retain only three additional indicators: the MDD under SDG 2; an indicator on tourism employment to be added to SDG 8; and an indicator on development assistance to urban infrastructure under SDG 11. This decision was reflected in the

[2] https://www.fao.org/statistics/events/events-detail/rome-nutrition-week-event---from-plates-to-progress---achieving-sdg2-through-healthy-diets-measurement/en

[3] https://openknowledge.fao.org/server/api/core/bitstreams/f823bad3-7b5b-45e5-ae21-6258acd4c134/content

IAEG-SDG report to the UN Statistical Commission[4] and hence ratified by the Statistical Commission itself in early March 2025.

III. Rationale for adopting the MDD indicator as an SDG indicator

11. As mentioned above, the fundamental argument articulated in favour of adopting MDD as a new SDG indicator is that this would cover a critical gap in the SDG indicator framework, which hitherto lacked any direct indicator of dietary intake. The absence of a specific indicator on diets leads to a neglect of the pivotal role that diets play in realizing the objectives of the 2030 Agenda. Consequently, efforts to formulate evidence-based strategies for enhancing nutrition and health outcomes through diet-related interventions are significantly impeded.

12. Unhealthy dietary patterns stand as a primary driver of poor health outcomes and non-communicable diseases globally[5]. Dietary diversity is a fundamental component of healthy diets, and is hence a long-standing public health principle widely advocated in food-based dietary guidelines[6], the World Health Organization's (WHO) 'Healthy Diet' factsheet, FAO and WHO's guiding principles for 'Sustainable healthy diets', and UNICEF's Conceptual Framework on Maternal and Child Nutrition. Diets that lack diversity increase the risk of micronutrient deficiencies, particularly among children and women, which can compromise health and physical and cognitive development[7].

13. The two components of the indicator– MDD for Infants and Young Children (MDD-C) and MDD for Women (MDD-W) – offer a simple and valid means of assessing dietary diversity among women and children, which are nutritionally vulnerable groups. MDD reflects a level of dietary diversity that signals a minimally acceptable level of dietary micronutrient adequacy among the respective population groups, directly measuring dietary diversity i.e. consumption of a variety of food groups, and thus also indirectly measuring nutrient adequacy.

IV. Key characteristics of the methodology and data collection procedure

14. Both components of the MDD indicator can be collected through nationally representative (household) surveys. A corresponding module for each component simply asks respondents to state whether they have consumed any foods, on a predefined list by food group, in the previous 24 hours. MDD-W measures the proportion of women aged 15-49 years who have consumed foods from at least 5 out 10 predefined food groups, whereas MDD-C measures the proportion of children aged 6-23 months who have consumed foods from at least 5 out of 8 predefined food groups (see Table 1 below).

[4] https://unstats.un.org/UNSDWebsite/statcom/session_56/documents/2025-6-SDG-IAEG-S.pdf
[5] 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.
[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] Prado EL, Dewey KG. Nutrition and brain development in early life. Nutr Rev. 2014;72(4):267–84. doi:10.1111/nure.12102.

Table 1. Food groups for the MDD-C and MDD-W components

Eight MDD-C food groups:	Ten MDD-W food groups:
1. Breast milk; 2. Grains, white/pale starchy roots, tubers and plantains; 3. Beans, peas, lentils, nuts and seeds; 4. Dairy products (milk, infant formula, yogurt, cheese); 5. Flesh foods (meat, fish, poultry, organ meats); 6. Eggs; 7. Vitamin A-rich fruits and vegetables; and 8. Other fruits and vegetables.	1. Grains, white roots and tubers, and plantains; 2. Pulses (beans, peas and lentils); 3. Nuts and seeds; 4. Milk and milk products; 5. Meat, poultry and fish; 6. Eggs; 7. Dark green leafy vegetables; 8. Other vitamin A-rich fruits and vegetables; 9. Other vegetables; 10. Other fruits.

15. The list of food groups is slightly different for MDD-C and MDD-W because they target different population groups. Each list of food groups has been shown to have the strongest association with the mean probability of micronutrient adequacy of diets, respectively for children aged 6-23 months and women aged 15-49 years. As such, the questions and food groups have been specifically customized to these population groups. For example, the MDD-C module includes questions about breastmilk and infant formula consumption. The modules are simple, quick to enumerate, easy to interpret and have been successfully integrated into large-scale multi-topic survey questionnaires with relative ease and low cost.

16. MDD-C was first released in 2008 by WHO-UNICEF[8], with updated operational guidance in 2021[9], while MDD-W was developed in 2015 by FAO[10]. MDD-W has been validated to signal a minimally acceptable level of dietary intake of 11 micronutrients at the population level across multiple countries[11]. Additionally, the most widely used MDD-W data collection method – a non-

[8] 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

[9] Indicators 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

[10] FAO. 2021. Minimum dietary diversity for women. Rome. https://doi.org/10.4060/cb3434en

[11] 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; Verger EO, Eymard-Duvernay S, Bahya-Batinda D, Hanley-Cook GT, Argaw A, Becquey E, Diop L, Gelli A, Harris-Fry H, Kachwaha S, Kim SS, Nguyen PH, Saville NM, Tran LM, Zagré RR, Landais E, Savy M, Martin-Prevel Y, Lachat C. Defining a Dichotomous Indicator for Population-Level Assessment of Dietary Diversity Among Pregnant Adolescent Girls and Women: A Secondary Analysis of Quantitative 24-h Recalls from Rural Settings in Bangladesh, Burkina Faso, India, and Nepal. Curr Dev Nutr. 2023 Nov 30;8(1):102053. doi: 10.1016/j.cdnut.2023.102053. Erratum in: Curr Dev Nutr. 2024 May 08;8(5):103766. doi: 10.1016/j.cdnut.2024.103766; Gómez G, Monge-Rojas R, Vargas-Quesada R, Previdelli AN, Quesada D, Kovalskys I, Herrera-Cuenca M, Cortes LY, García MCY, Liria-Domínguez R, Rigotti A, Fisberg RM, Ferrari G, Fisberg M, Brenes JC. Exploring the FAO Minimum Dietary Diversity Indicator as a Suitable Proxy of Micronutrient Adequacy in Men and Women Across Reproductive and Non-reproductive Ages in 8 Latin American Countries. Food Nutr Bull. 2024 Sep;45(2_suppl):S55-S65. doi: 10.1177/03795721241242920

quantitative list-based 24-hour dietary recall – has been validated against objective observations of dietary intake[12] and quantitative 24-hour recalls in various countries[13].

17. Concerning the data sources and availability of MDD-C and MDD-W, the estimates for the first are derived predominantly from household surveys involving primary caregivers of children aged 0 to 23 months. These surveys, notably conducted through major programs such as the Multiple Indicator Cluster Surveys (MICS) and the Demographic and Health Surveys (DHS), have been instrumental in collecting data aligned with global standards across more than 250 surveys spanning 110 countries (UNICEF Global Database). At global level, MDD-C estimates are therefore available for over 51.8 percent of UN Member States since 2015 and cover 77.8 percent of the global population. Of the 110 countries in total that have data on MDD-C, 100 have at least one data point since 2015, allowing trend assessments.

18. Regarding MDD-W, the DHS Program has published nationally representative statistics in 13 countries by 2024, and there are plans for an additional 10 countries in 2025. Moreover, the Gallup World Poll has provided data for 85 countries between 2021 and 2024. By the end of 2024, MDD-W data had been collected for 94 countries, representing 49 percent of UN Member States and covering over 85 percent of the global population. Data from an additional 9 countries is expected in 2025. While MDD statistics from national (household) surveys are preferable, large-scale data collection platforms such as DHS and the Gallup World Poll could be leveraged to fill data gaps.

V. Conclusion

19. Overall, the MDD indicator not only aids the interpretation of advancements or stagnation in SDG2 and targets for other SDGs but also steers global development priorities enabling nations to benchmark progress in fostering healthy diets for all. Furthermore, this integration highlights the paramount importance of promoting healthy diets as a central aspiration for transformative agri-food systems and securing a platform for continued monitoring of dietary patterns in the post-SDG era.

20. Despite the adequate country coverage at global level, there are numerous countries in Latin America and the Caribbean that are still not collecting the necessary MDD data. As of the time of writing, there are only 14 countries with nationally representative data in the Latin America and Caribbean region; all estimates are from the Gallup World Poll and there are no immediate plans for re-collecting these MDD-W data in the forthcoming years. The region is therefore at risk of being left behind in this effort to expand the measurement of MDD and hence miss an important instrument in the toolbox for measuring nutrition-related indicators at national level. With MDD approved by the UN Statistical Commission in early March 2025, FAO is already developing a plan for supporting additional countries in collecting it, including by embedding the modules into large-scale existing FAO statistical capacity development initiatives such as the support to countries on food and agriculture-related SDG indicators.

[12] 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

[13] 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