Comment

As with all multicountry collaborative studies, this ambitious research project faced many methodological challenges. Several limitations of the study are

definitions of fruits and vegetables can vary, thus affecting comparability between countries. For example, the definition includes starchy varieties in some countries such as Australia, where at least two servings (150 g) of fruits and five servings (75 g) of vegetables (total 675 g) are recommended per adult per day.4 Serving sizes and population perception of these can also vary. Such challenges might have affected quantitative

Affordability of fruits and vegetables and dietary

quality worldwide

The major preventable risk factor contributing to the

burden of disease worldwide is a poor diet, including

inadequate fruit and vegetable consumption.^{1,2}

In many low-income and middle-income countries, undernutrition-ie, not having enough food-has

been a major concern. However, the diet-related burden of disease in these regions is shifting towards

non-communicable diseases, such as heart disease,

type 2 diabetes, and some cancers. Improving nutrition

in all countries now requires both interventions to

reduce the intake of harmful foods high in saturated

fat, added sugar, and salt, and interventions to increase

consumption of healthy foods, such as fruits and

vegetables.² WHO recommends a minimum intake

of 400 g (ie, five servings) of fruits and vegetables

(excluding potatoes and other starchy tubers) per

person per day.¹ Interventions to improve diets require

a greater understanding of the social, economic, and

In The Lancet Global Health, Victoria Miller and

colleagues³ estimate the consumption, availability, and

affordability of fruits and vegetables in 18 countries

across a range of economic levels, and subsequently

relate affordability to consumption. Mean per-

person intakes were low in all countries studied

(3.76 servings [95% CI 3.66–3.86] per day), and ranged

from 2.14 servings (1.93-2.36) per day in low-income

countries to 5.42 servings (5.13-5.71) per day in high-

income countries. Affordability of fruits and vegetables decreased as the economic level of countries decreased;

the proportion of household income required to

purchase recommended quantities (two servings of

fruits and three servings of vegetables) ranged from

1.85% (95% CI -3.90 to 7.59) in high-income countries

to 51.97% (46.06-57.88) in low-income countries.

Consumption of fruits and vegetables decreased

with affordability. Although such findings are not

unexpected, this study³ is the first to investigate the

relation between fruit and vegetable consumption and

political determinants of healthy eating.²

estimates of fruit and vegetable intakes in this study. The semi-quantitative food frequency questionnaires used a serving size of 125 g.3 Hence, extrapolation produces a mean global intake of 470 g per day, which exceeds WHO recommendations. Most selfreported dietary survey methods are subject to social desirability bias, and consumption of perceived healthy foods tends to be overestimated. Although answers to the questionnaires were validated against 24 h dietary recalls, further validation against objective biomedical indicators of fruit and vegetable intake might be warranted. Nevertheless, this issue should not compromise the internal validity of the findings.

So what could be done to improve the affordability of fruits and vegetables? Governments can regulate food prices using a range of complex policy approaches that target underlying political, economic, sociocultural, and environmental determinants at local, national, and international levels.^{5,6} At a national level, the most common strategies to reduce the price of fruits and vegetables relative to less healthy foods are exemption of healthy foods from a goods and services tax or a valueadded tax; subsidies to agriculture and related industries, such as rural and transport subsidies; and subsidies or voucher systems targeted to high-risk groups.⁶

The promotion of fruits and vegetables is often considered the so-called low-hanging fruit of nutrition interventions, because their intake can indicate the nutritional quality of diets. Moreover, promotion of fruits and vegetables is likely to be more palatable economically to governments and the food industry than are interventions that restrict intake of unhealthy choices. But a sole focus on increasing fruit and



addressed by the authors.³ Another limitation is that Published Online August 23, 2016 http://dx.doi.org/10.1016/ S2214-109X(16)30206-6 See Articles page e695

vegetable consumption might not be enough to improve diets. Between 1986 and 2012, remote Aboriginal communities in Australia successfully doubled fruit and vegetable intake when the relative affordability of these foods improved by 30%.7 However, the overall effect was a decline in total diet quality, characterised by increased supply and intake of foods high in saturated fat, added sugar, or salt, particularly sugar-sweetened beverages, convenience meals, and takeaway foods, reflecting broader concomitant changes to the Australian food supply.7 Australian households now spend around 58% of their food budget on these unhealthy foods; only 10–15% is spent on fruits and vegetables, compared with 29% of the food budget (around 7% of disposable household income) required to achieve recommended intakes.8

The International Network for Food and Obesity/ non-communicable diseases Research, Monitoring and Action Support (INFORMAS)⁹ is working globally to benchmark and monitor the healthiness of food environments, including diet price and affordability,⁶ using standardised methods. It is not clear from Miller and colleagues' study³ whether the investigators have plans to repeat this cross-sectional survey; but if so, the methods could articulate within the INFORMAS stepwise framework.⁹ Ideally, intracountry variation should also be examined to better target strategies to improve diet and health equity.

Miller and colleagues show that purchasing the recommended amount of fruits and vegetables can be beyond the household budget, particularly in lowincome countries. If fresh produce is unavailable or unaffordable, education alone will not increase consumption. Policy actions to increase affordability of fruits and vegetables will require market intervention and supportive regulations, and are essential to tackle global malnutrition in all its forms.

Amanda Lee

School of Public Health and Social Work, Queensland University of Technology, Kelvin Grove, QLD 4059, Australia Amanda.Lee@qut.edu.au

I declare no competing interests

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- Healthy diet. Fact sheet number 394. Geneva: World Health Organization, 2015. http://www.who.int/mediacentre/factsheets/fs394/en (accessed Aug 12, 2016).
- Global nutrition report 2016. From promise to impact: ending malnutrition by 2030. Washington, DC: International Food Policy Research Institute, 2016. http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/ id/130354/filename/130565.pdf (accessed Aug 12, 2016).
- 3 Miller V, Yusuf S, Chow CK, et al. AAvailability, affordability, and consumption of fruits and vegetables in 18 countries across income levels: findings from the Prospective Urban Rural Epidemiology (PURE) study. *Lancet Glob Health* 2016; published online Aug 23. http://dx.doi. org/10.1016/S2214-109X(16)30186-3.
- Australian Dietary Guidelines. Canberra: National Health and Medical Research Council, 2013. http://www.eatforhealth.gov.au (accessed Aug 12, 2016).
- 5 WHO Europe. Using price policies to promote healthier diets. Copenhagen: WHO Regional Office for Europe, 2015. http://www.euro.who.int/__data/ assets/pdf_file/0008/273662/Using-price-policies-to-promote-healthierdiets.pdf Accessed date is Aug 12 2016 (accessed Aug 12, 2016).
- Lee A, Mhurchu CN, Sacks G, et al. Monitoring the price and affordability of foods and diets globally. Obes Rev 2013; 14 (suppl 1): 82–95.
- 7 Lee A, Rainow S, Tregenza J, et al. Nutrition in remote Aboriginal communities: lessons from Mai Wiru and the Anangu Pitjantjatjara Yankunytjatjara Lands. Aust N Z J Public Health 2015; 40 (suppl 1): S81–88.
- 8 Lee AJ, Kane S, Ramsey R, Good E, Dick M. Testing the price and affordability of healthy and current (unhealthy) diets and the potential impacts of policy change in Australia. BMC Public Health 2016; 16: 315.
- 9 Swinburn B, Sacks G, Vandevijvere S, et al. INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support): overview and key principles. Obes Rev 2013; 14 (suppl 1): 1–12.