

2008 The Global Burden of

Diseases (GBD) study, based in Seattle, approaches Dr. Dariush **Mozaffarian** at Harvard University to lead efforts to develop and add robust information on global dietary intakes and diet-disease relationships for chronic diseases to the GBD 2010 project. This results in the **Global Dietary** Database (GDD) initiative, a global collaborative effort to produce the most reliable estimates of dietary intake and diet-disease relationships worldwide in order to inform global health and nutrition research and policy, particularly in poor and vulnerable populations.1

First comparative risk assessment of diet and chronic

2009

diseases, focused on the United States.

GDD first becomes an independent project,

2012-2014

Gates Foundation (BMGF),
supporting characterization of
dietary quality and adequacy
among men and women globally
and by world region, country, and
age group; price and income
elasticities of food consumption
and demand across regions;
validity of FAO Food Balance
Sheets for estimating individuallevel dietary intakes of major
food groups and nutrients; and
major food and nutrition data
gaps and survey needs globally.

attributable burdens of chronic diseases due to

2015

multiple dietary factors worldwide. GDD data used to asses national and regional heterogeneity of trends in dietary patterns between 1990 and 2010. and 2016

GDD data utilized in Global

Systems for Nutrition's

Panel on Agriculture and Food

Foresight Report for food policy

GDD 2013 data and findings

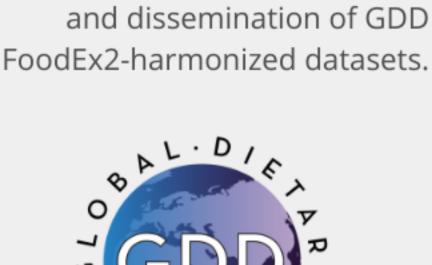
utilized in GBD 2013 to derive

updated estimates of diet

recommendations for leaders in countries and international

countries and international organizations. GDD data utilized in creation of the Global Expanded Nutrient Supply (GENuS) Model. GENuS)

Partnership with the European
Food Safety Authority (EFSA)
for the application of FoodEx2
and dissemination of GDD



MAJOR EVENTS FROM

GDD data collection,

2008-2012

harmonization, and analysis; development of the Corresponding Member network; identification and meta-analyses of diet-disease relationships; and modeling of global intakes of 20 dietary factors worldwide among adults, jointly by country, age, sex, and time. This iteration becomes known as GDD 2010.

GDD 2010 data and findings are utilized in GBD 2010 to derive the

2012

first estimates of dietattributable burdens of chronic diseases due to multiple dietary factors worldwide.²

BMGF, supporting considerable expansion and updating of the

2013-2016

Second GDD project from the

GDD to include data on infants, children, youth, and pregnant/nursing mothers; 55 dietary factors relevant to chronic diseases and undernutrition; further within-country stratification by urban/rural residence and education; new analyses of health impacts of key dietary risk factors throughout the lifespan; and cost-effectiveness analyses of nutrition-sensitive policy interventions to reduce diet-disease burdens in low-income nations. 2016

FoodEx2—detailed coding of 24hour recall surveys—to develop

hour recall surveys—to develop common methods and materials and avoid duplication of effort globally.

Partnership with the United

Individual Food consumption

Nations FAO/WHO Global

data Tool (GIFT) project on

Third GDD project from the BMGF (known as GDD 2015), supporting advances in data acquisition, data cleaning, harmonization, and covariate use and modeling; broad public dissemination of GDD 2015 via a new online platform; deeper research collaborations, and strategic partnerships; and novel analyses of policy-relevant findings on global trends in food intakes and diet quality and on

maternal and child diet diversity

and quality in relation to health

outcomes.