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REGIONAL STRATEGY AND PLAN OF ACTION ON NUTRITION IN HEALTH AND DEVELOPMENT, 2006-2015: FINAL REPORT

Background

1. During the 47th Directing Council (Resolution CD47.R8 [2006]), the Member States adopted the Regional Strategy and Plan of Action on Nutrition in Health and Development, 2006-2015 (Document CD47/18) (1), with the aim of improving the nutritional status of the entire population of the Region of the Americas.

2. The Plan of Action included the line of action “food and nutrition in health and development,” whose objective was to promote integration of nutrition into social and economic policies and plans in order to meet nutritional needs throughout the life course and to tackle nutrition transition problems at regional, subregional, national, and local levels. In order to meet this objective, the Plan contained two sublines of action:

Subline 1.1: Suboptimal nutrition and nutritional deficiencies, whose objective was to reduce nutritional deficiencies and suboptimal nutrition through prevention and treatment strategies targeted towards vulnerable groups throughout the life course and in the event of disasters.

Subline 1.2: Nutrition and physical activity in obesity- and nutrition-related chronic diseases, aimed at promoting the adoption of healthy dietary habits, active lifestyles, and the control of obesity- and nutrition-related chronic diseases.

3. For the preparation of this report, the Pan American Sanitary Bureau commissioned three studies on the following topics: *a)* the nutrition situation in Latin America and the Caribbean (2), *b)* mapping of nutrition and sectoral policies to address malnutrition in Latin America (3); and *c)* conditional cash transfers and the health and nutrition of Latin American children (4). These studies entailed systematic searches of ministry of health websites and relevant databases on policies, legislative and regulatory frameworks, standards of care, and initiatives to promote healthy dietary habits, active lifestyles, and the control of obesity- and nutrition-related chronic diseases. Information on the nutrition situation was found for 21 Member States; on policies in the nutrition sector to address malnutrition in Latin America, for 18 Member States; and on

conditional cash transfers, for 18 Member States. Three countries in this group that had evaluation studies were examined. With this information, an update was prepared on the nutrition situation and trends in the Region.

Update on Progress Made in the Strategy's Areas of Action

4. ***Development and dissemination of macropolicies targeting the most critical nutrition-related issues.*** In the period under review, 18 of the Member States amended their policies and programs to address malnutrition in all its forms; 11 countries have incorporated goals and indicators of nutritional status into their development policies; more than 20 have food and nutrition security policies in place and through them have set up intersectoral coordination mechanisms to promote action at the national, state, municipal, or local level; and 18 countries have conditional cash transfer programs, benefitting some 129 million people in the Region (3, 4). Notwithstanding, the Member States have given priority to tackling nutritional deficiencies and suboptimal nutrition.

5. ***Strengthening resource capacity through the health and nonhealth sectors based on standards.*** During the period under review, both the Bureau and the Representative Offices in the countries, in coordination with the ministries of health and other strategic partners, conducted numerous training, information dissemination, and knowledge-sharing activities, notably workshops for the review, adaptation, and adoption of the WHO growth standards and others on the WHO guidelines for micronutrient distribution or supplementation and the design and implementation of monitoring and evaluation systems for food fortification programs. Moreover, the Member States systematically conduct training activities that provide an opportunity for sharing experiences; however, there is no system that could be used to determine the number of health providers trained in the areas of food and nutrition.

6. ***Information, knowledge management, and evaluation systems.*** During the period under review, PAHO promoted the sharing of experiences and lessons learned, as well as South-South cooperation. The 21 Member States that have information focus their surveillance of nutritional status on the results of demographic and health surveys, multiple indicator cluster surveys, micronutrient surveys, or nutrition and health surveys that include anthropometric data, together with information on breastfeeding and anemia in children under 5, women of reproductive age, and pregnant women. Mexico and Colombia have systematically conducted nutrition surveys every five years. In the past five years, Costa Rica, the Dominican Republic, and Guatemala have conducted national surveys to determine nutritional status with respect to vitamin A, iron, folic acid, and vitamin B12. Brazil, Colombia, the Dominican Republic, Ecuador, and Mexico have published information on the nutritional status of school-age children and adolescents (2). In the Region, information on the nutritional status of adolescents is obtained through the Global School-based Student Health Survey, conducted in 33 countries. In the past 10 years, Brazil, Colombia, and Mexico have institutionalized the monitoring and evaluation of conditional cash transfer programs (4). Despite the progress made, 24 countries or territories lack information on the nutritional status of women of

reproductive age and children under 5, and there is generally no regional information on the nutritional status of school-age children, adult males, and older persons (2,3). The Member States should make efforts to ensure the regular collection of food and nutrition data throughout the life course in order to ensure timely information for guiding policies and programs.

7. *Development and dissemination of guidelines, tools, and effective models.*

During the period under review, 33 Member States adopted the World Health Organization's Child Growth Standards (2006) (5,6). Today, 20 have policies and programs to protect, promote, and support breastfeeding, and 20 have legislation to promote breastfeeding. However, only seven have incorporated all, or nearly all, of the recommendations contained in the International Code of Marketing of Breast-Milk Substitutes into their legislation. Fifteen countries have maternity protection laws. It is important to mention that in Chile, Law No. 20,545 of 2011, amending the regulations governing maternity protection and postnatal parental leave, grants 12 weeks of full maternity leave and 18 weeks of half-day leave (3). Similarly, 22 countries have adopted the Baby-friendly Hospital Initiative (BFHI), but the number of hospitals accredited as such varies and is relatively insignificant. However, it is worth mentioning the efforts of Uruguay, where 75% of births occur in BFHI-certified health facilities, and 84% of facilities are certified (7).

8. Concerning the prevention of micronutrient deficiencies, it should be noted that of 18 countries analyzed, 15 have reviewed and adopted most of the WHO guidelines for micronutrient supplementation or distribution. To date, 11 countries have standards on vitamin A supplementation for children aged 6-59 months; 13 regulate daily iron supplementation for children aged 6-59 months; two have approved guidelines on the intermittent administration of iron supplements to children aged 6-59 months; 10 have standards on the distribution of micronutrient powders for children aged 6-23 months; three have standards on daily iron and folic acid intake for non-pregnant women; one has standards on the intermittent administration of iron and folic acid to non-pregnant women; 15, on daily iron and folic acid for pregnant women; 15, on daily iron and folic acid for anemic pregnant women; two, on zinc for the treatment of diarrhea; and two, on calcium intake during pregnancy. The Member States have made progress in the adoption of supplementation standards; however, the Pan American Sanitary Bureau was unable to find official reports to ascertain the programs' performance or coverages achieved (2,3).

9. *Mobilizing partnerships, networks, and a regional forum on food and nutrition.*

In July 2008, the Regional Directors of the United Nations established the Pan American Alliance for Nutrition and Development.¹ This effort strengthened the food security groups of the United Nations' national teams and helped promote intersectoral coordination. Recently, the Scaling Up Nutrition (SUN) initiative has fostered

¹ Pan American Alliance for Nutrition and Development:
http://www.paho.org/hq/index.php?option=com_content&view=article&id=1483%3A2009-la-alianza-panamericana-nutricion-desarrollo&catid=1373%3Apan-american-alliance&Itemid=40504&lang=en

intersectoral partnerships in Costa Rica, El Salvador, Guatemala, Haiti, and Peru to promote nutrition and invite country leaders to give priority to the efforts to tackle malnutrition.

Progress update, by subline of action

10. ***Reduce nutritional deficiencies and suboptimal nutrition.*** In the past 20 years, 16 countries that have information have managed to reduce the prevalence of chronic malnutrition by an average of 12 percentage points (0.69 percent per year); however, Brazil, Peru, and the Dominican Republic have reduced chronic malnutrition by 72%, 66%, and 59%, respectively, in the past 30 years. These achievements notwithstanding, chronic malnutrition is twice as high among children in rural areas and the children of indigenous mothers and up to 13 times higher in children from households in the lowest quintile of well-being. In 15 of 21 countries that have information, wasting in children under five years of age is less than 3.5%. However, there are geographical areas where outbreaks of severe acute malnutrition are periodically reported--for example, the Dry Corridor in Guatemala, El Salvador, and Honduras, the Chocó region in Colombia, the Amazon region, and the Chaco region in Argentina and Paraguay. Underweight has been reduced in every country in the Region, to the point where its prevalence is considered low. Overweight and obesity have increased in children under 5 from 3.5% in the 1990s to 7% in more recent years. This increase is observed not only in children under 5, but in school-age children and adolescents as well. It is estimated that more than 50% of women of reproductive age are either overweight or obese (Body Mass Index ≥ 25 kg/m) (2).

11. According to data from 2011, anemia prevalence in the Region is 44.5% in children under 5 (22.5 million), 30.9% in pregnant women (3.5 million), and 22.5% in women of reproductive age (31.7 million) (8). Anemia continues to be a minor or moderate problem (between 5% and 39.9%) in all age groups (2). Although few countries have recent data, WHO estimates that 15.6% of children under 5 and 4.4% of pregnant women suffer from vitamin A deficiency, constituting a minor to moderate problem in the Region. In the majority of the countries, median iodine excretion in schoolchildren ranges from 100 to 299 mcg/100 ml, which is considered normal. However, Brazil, Colombia, Honduras, Paraguay, and Uruguay have reported median excretions of above 300 mcg/100 ml, which are values associated with excessive iodine intake, posing a potential health risk. The reports of some surveys and epidemiological studies in small population groups suggest that zinc, vitamin B12, and vitamin D deficiency may be a public health problem in vulnerable populations. Only 58% of newborns in the Region are breastfed within the first hour of birth, and only 44% of infants under 6 months are exclusively breastfed. Some 30% of children are not provided with the minimum dietary diversity, and only 43% receive the minimum meal frequency (9).

12. ***Adoption of healthy dietary habits, active lifestyles, control of obesity and nutrition-related chronic diseases.*** During the period under review, 24 Member States updated their food-based dietary guidelines and promoted physical activity by constructing “open streets” programs in at least 350 cities in the Region (10). In the past

three years, Barbados, Dominica, and Mexico have levied taxes on sugar-sweetened beverages. Bolivia, Chile, and Peru have enacted legislation on healthy diets. Ecuador and Chile have adopted front-of-package labeling as a strategy to facilitate the selection of foods that are low in salt, sugar, and fats. Canada, Chile, Colombia, Costa Rica, Ecuador, Mexico, Peru, the United States, and Uruguay have approved regulations governing food and beverages that are distributed, marketed, or promoted in schools. Brazil has required that food for school food programs be purchased from family farmers (3). This shows the Member States' response to the changes in the epidemiological profile.

13. **Conclusions.** The Member States have made progress in the adoption of macropolicies, especially in the areas of food and nutrition security and social protection, as well as interventions to reduce acute chronic malnutrition and micronutrient deficiencies. More recently, due to changes in the epidemiological profile, the Member States have shifted from policies and programs focused on the adoption of healthy dietary habits and active lifestyles to the implementation of regulatory frameworks designed to transform the obesogenic environment. Health sector capacity has been strengthened through human resources training, the sharing of experiences, and the adoption of standards. Still pending is the institutionalization of program monitoring and evaluation, as well as the creation and strengthening of integrated food and nutrition surveillance systems that will make it possible to tailor policies and programs to the economic and social context of the population and respond to the changes imposed by globalization and modern life.

14. In the period under review, all 16 Member States that have information managed to reduce chronic malnutrition by an average of 12 percentage points, keeping severe malnutrition at 3.5%, reducing underweight by an average of 6.3 percentage points, and preventing iodine deficiency. Anemia and vitamin A deficiency continue to be a minor to moderate problem (5.0-39.9% for anemia; 2.0-19.9% for vitamin A) in the Region. In contrast, the trends show an increase in the prevalence of overweight and obesity in all age groups (2).

Action Necessary to Improve the Situation

15. Pursuant to the global mandates, PAHO recommends that the Member States promote activities for the adoption of the Comprehensive Implementation Plan on Maternal, Infant, and Young Child Nutrition of WHO (11), whose priority actions are geared to reducing stunting in children under 5 by 40%, the prevalence of anemia in women of reproductive age by 50%, and low birthweight by 30%; ensuring that the levels of overweight in children do not increase; increasing the rates of exclusive breastfeeding in the first six months of life to at least 50%, and reducing or keeping the prevalence of wasting in children at under 5%.

16. Considering the progress made in the Region, the Member States should:
a) promote and maintain an enabling environment for the comprehensive implementation

of food and nutrition policies; *b*) increase the coverage of health interventions that have an impact on nutrition; *c*) promote the formulation of policies and programs outside the health sector aimed at improving nutrition; *d*) provide sufficient human and economic resources for the implementation of nutrition interventions; and *e*) strengthen nutrition surveillance systems and institutionalize program monitoring and evaluation systems. The proposed actions supplement the Framework for Action of the Second International Conference on Nutrition and the Plan for Food and Nutrition Security and the Eradication of Hunger 2025 of the Community of Latin American and Caribbean States and are essential for meeting the Sustainable Development Goals (12-14).

Action by the Executive Committee

17. The Executive Committee is invited to take note of this report and formulate the pertinent recommendations.

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