Recent decades have witnessed major changes in nutritional status and trends at the global level. As we embark on the United Nations’ Decade of Action on Nutrition, 50 million children under age 5 worldwide are suffering from wasting or acute malnutrition, 165 million children under 5 are stunted, and 273 million children ages 6 months to 5 years, along with 500 million women of childbearing age, are suffering from anemia. At the same time, some 41 million children under 5 are overweight (a nearly 60% increase since 1990), and 39% of adults over 18 are overweight or obese. Clearly, these numbers point to an urgent need to adapt policies and programs to more effectively address this double burden of disease. (1–5).

Alarmed by these recent trends and their present and future health consequences, the Member States of the World Health Organization (WHO) adopted global targets for maternal, infant, and young child nutrition in 2012. They call on countries, by 2025, to 1) reduce by 40% the number of children under age 5 who are stunted; 2) reduce anemia by 50% in women of reproductive age; 3) reduce low birth weight by 30%; 4) ensure that there is no increase in childhood overweight; 5) increase the rate of exclusive breastfeeding during the first 6 months of life to at least 50%; and 6) reduce childhood wasting to less than 5%. The Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, which establishes these targets, also sets out guidance for meeting them. It commits Member States to carrying out comprehensive, multisectoral policies and programs to improve nutrition in their populations and recommends specific actions in both the health sector and other sectors. It also calls for implementing or improving information systems to facilitate evaluation of progress and to promote accountability. Both the targets and the commitments contained in the 2012 WHO plan were subsequently reaffirmed in the 2030 Sustainable Development Agenda, approved by UN Member States in September 2015, and in the Decade of Action on Nutrition, launched in July 2016 (2, 6–8).

The countries of the Americas are experiencing trends similar to, and in some cases worse than, those at the global level. According to 2011 data for the Region, 13.4% of children under 5 (7.1 million children) in Latin America and the Caribbean suffer from stunting, while anemia affects 22.3% (17.1 million children) of children the same age and 24.9% (2.4 million) of pregnant women. This is paralleled by an increasing prevalence of overweight and obesity, which affect an estimated 20-25% of children and adolescents in Latin America. To address these problems, the Member States of the Pan American Health Organization (PAHO) have agreed on a series of actions laid out in the Strategy and Plan of Action on Nutrition in Health and Development 2006–2015, the Strategy and Plan of Action for the Reduction of Chronic Malnutrition (2010–2015), and the Plan of Action for the Prevention of Obesity in Children and Adolescents (2014–2019) (1, 3, 5, 10–12). Similar to the 2012 WHO plan, PAHO’s regional plans and strategies propose the implementation of intersectoral interventions to address these problems, which have a significant impact on morbidity and mortality as well as on health systems and individual productivity, thereby affecting countries’ opportunities for development.

With a view to determining the advances made in the implementation of these mandates, this special section of the Pan American Journal of Public Health studies current nutritional situation and trends in the Latin American population throughout the life course. It also maps existing policies aimed at reducing malnutrition, summarizes recent studies on conditional cash-transfer programs and their impact on...
nutritional status, and identifies challenges and opportunities in moving forward with public policies to address malnutrition. The results of the studies suggest that the countries of the Region should promote policies and establish regulatory frameworks that integrate actions in sectors such as health, agriculture, education, water and sanitation, and social protection to address malnutrition in all its forms. The studies also point to the need to include nutritional indicators in health information systems to facilitate monitoring, evaluation, and accountability. Finally, the findings make it clear that the Region’s countries need to back up the political commitments they have already made by allocating the necessary resources to implement comprehensive policies and programs to reduce chronic malnutrition and micronutrient deficiencies, while also halting the epidemic of overweight and obesity.

REFERENCES