

Directing council

**PAN AMERICAN
HEALTH
ORGANIZATION**

Regional committee

**WORLD
HEALTH
ORGANIZATION**

120th Meeting
Washington, D.C.
June 1997

Provisional Agenda Item 4.5

CE120/14 (Eng.)
9 April 1997
ORIGINAL: SPANISH

NUTRITION

Estimates in 1995 put the number of infants with low birthweight in the Region of the Americas at over one million, while six million girls and boys under the age of 5 years were seriously underweight. Some 167 million people were at risk for iodine deficiency disorders; 15 million children under the age of 5 years were suffering from some degree of vitamin A deficiency; and 94 million people were suffering from iron deficiency anemia. These problems were compounded by a rise in obesity and chronic diseases associated with diet, particularly in the lower-income groups, a problem that in some countries is currently on the order of 50% of adults.

The Food and Nutrition Program adopted the goals set out in the Declaration of the World Summit for Children and the International Conference on Nutrition and used them as the foundation for the Regional Plan of Action on Food and Nutrition.

The Plan outlines two areas: food and nutrition security and the prevention and management of malnutrition problems. In the first area, the Plan identifies three lines of action: promotion of exclusive breast-feeding for the first four to six months of life, continuing until infants reach the age of 2 years; promotion of appropriate supplementary feeding; and promotion and education to increase food access and intake. The second area deals with the prevention and control of malnutrition in individuals, families, and the general population. The priority areas are: protein-energy malnutrition; micronutrient deficiencies: iron, vitamin A, and iodine; and obesity and chronic diseases associated with diet. In addition, PAHO provides technical cooperation for national food and nutrition plans; food and nutrition surveillance; human resources development; and promotion of scientific research. To execute this Plan of Action, PAHO has regular funds at its disposal and expects to consolidate the negotiation of outside funds for operating expenses related to various program activities.

The Food and Nutrition Program presented its Plan of Action at the 27th Meeting of the Subcommittee on Planning and Programming in December 1996. After analyzing it, the Subcommittee recommended that it be submitted to the Executive Committee in June 1997.

The Food and Nutrition Program is submitting its Plan of Action to the Executive Committee for review and approval.

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EXECUTIVE SUMMARY

Malnutrition in the Region of the Americas remains a very serious public health problem. Estimates in 1995 put the number of infants with low birthweight at over one million, while six million girls and boys under the age of 5 years were seriously underweight (weight-for-age below -2 SD of the WHO reference standard) due to the interaction between undernutrition and infection. Some 167 million people were at risk for iodine deficiency disorders; 15 million children under the age of 5 years were suffering from some degree of vitamin A deficiency; and 94 million people were suffering from iron deficiency anemia (WHO, 1995). These problems were compounded by a rise in obesity and chronic diseases associated with diet, particularly in the lower-income groups, a problem that in some countries of the Region is currently on the order of 50% of adults.

The Food and Nutrition Program adopted the goals set out in the Declaration of the World Summit for Children and the International Conference on Nutrition and used them as the foundation for the Regional Plan of Action on Food and Nutrition. This Plan aimed at helping to bring down the high prevalence of malnutrition in the Region through technical cooperation in the design and execution of interventions to reduce the magnitude of the aforementioned problems.

The Plan outlines two work areas: food and nutrition security and the prevention and management of malnutrition problems. In the first area, three lines of action are identified: (a) promotion of exclusive breast-feeding for the first four to six months of life and continuing breast-feeding until infants reach the age of 2; (b) promotion of appropriate supplementary feeding; and (c) promotion and education to increase food access and intake.

The second work area deals with the prevention and control of malnutrition in individuals, families, and the general population to reduce the high prevalence of nutritional disorders. The priority areas are: protein-energy malnutrition—that is, undernutrition in the various stages of the life cycle, particularly in pregnant women, newborns, and infants under 2 years; micronutrient deficiencies: iron, vitamin A, and iodine; and obesity and chronic diseases associated with diet in lower-income groups.

To strengthen the lines of cooperation aimed at reducing the prevalence of nutritional disorders, PAHO also provides technical cooperation in the following areas: development and implementation of national food and nutrition plans; food and nutrition surveillance; human resources development; and promotion of scientific research. The Plan adopts as strategies the promotion of intervention at all levels, multisectoral action, the use of the mass media, community participation, and interagency agreements.

To execute this Plan PAHO has US\$ 17,460,000 in regular funds at its disposal for the two-year period 1996-1997 and \$7,600,000 in resources mobilized at the local level in Bolivia and Ecuador. These countries succeeded in obtaining interagency participation for the execution of national programs to combat iron deficiency and anemias. Two regional programs are also being negotiated that, if financed, would furnish resources in the amount of \$6,870,000.

1. Background

1.1 Description of the Problem

Malnutrition in the Region of the Americas remains a very serious public health problem. As indicated in Table I, estimates in 1995 put the number of infants with low birthweight at over one million, while six million girls and boys under the age of 5 years were seriously underweight (weight-for-age below -2 SD of the WHO reference standard) due to the interaction between undernutrition and infection; some 167 million people were at risk for iodine deficiency disorders, 15 million children under the age of 5 years were suffering from some degree of vitamin A deficiency, and 94 million people were suffering from iron deficiency anemia (WHO, 1995). These problems were compounded by a rise in obesity and chronic diseases associated with diet, particularly in the lower-income groups, a problem that in some countries of the Region is currently on the order of 50% of adults.

Table 1

Number of People with Malnutrition in the Americas

Problems Linked with Malnutrition	Estimate 1995
Low birthweight (< 2,500 g) in South and Central America	1,141,000
Low weight-for-age (< 5 years)	6,000,000
Risk of iodine deficiency disorders	167,000,000
Vitamin A deficiency (< 5 years)	15,000,000
Iron deficiency anemia (total pop.)	94,000,000

Source: PAHO, published by WHO, 1995.

Nutritional disorders have many causes, both direct and indirect. The direct causes include an inadequate diet and the presence of infections that inhibit proper utilization of nutrients. The indirect causes include insufficient food availability in terms of quantity and quality, inequitable access to food, behaviors among family members especially those responsible for the care of children that result in improper feeding practices, a lack of access to health services coupled with poor quality health care, and the lack of access to the pertinent information and education.

In terms of access, stagnating income is one of the most decisive factors limiting food intake for the majority of the population. In relation to availability, while per capita production has risen in several countries, it reflects the dramatic increase in agroindustrial and export production and is not destined for the more disadvantaged population groups. Finally, for rural dwellers, access to land, water, and other productive resources is increasingly limited, seriously hindering their capacity to produce for subsistence or for the market (Waters, 1996).

1.2 Consequences

The consequences of the problems linked with malnutrition are manifested not only in retardation of physical growth or excessive weight gain but in a deterioration in functional capacity and health status, as observed in Table 2.

Table 2

**Reduction in Functional Capacity from Problems/Disorders
Linked with Malnutrition**

Nutritional Problem	Functional Consequences
Low birthweight	<ul style="list-style-type: none"> - Increase in the risk of perinatal, neonatal, and postneonatal death - Association with lower growth and impaired intellectual development - Increased risk of chronic noncommunicable diseases in adulthood
Low weight-for-age	<ul style="list-style-type: none"> - Psychomotor developmental deficit - Deficient immunological response - Increased risk of disease and death
Iron deficiency	<ul style="list-style-type: none"> - In its most serious form (severe anemia in pregnancy), it is responsible for least 20% of maternal mortality - In its subclinical form, associated in pregnancy with an increased risk of low birthweight and prematurity - Reduced capacity to regulate body temperature - Reduced capacity for physical labor - Impairment of normal cognitive development and psychomotor development in children
Iodine deficiency	<ul style="list-style-type: none"> - In the fetus, causes abortion, congenital abnormalities, increased perinatal and infant mortality, neurological cretinism, and psychomotor deficits. - In neonates, causes neonatal goiter and hypothyroidism. - In children and adolescents, causes goiter and juvenile hypothyroidism, mental disturbances, and retardation of physical growth. - In adults, causes goiter, hypothyroidism, and mental disturbances.
Vitamin A deficiency	<ul style="list-style-type: none"> - Cause of death of hundreds of thousands of children under 5. - Contributes to increased mortality in children under 5 and to greater severity of infections
Obesity	<ul style="list-style-type: none"> - Risk factor for hypertension, diabetes mellitus type II, ischemic heart disease, and other chronic noncommunicable diseases - Diminished functional capacity and quality of life for individuals

The World Bank (1994) estimates that in a hypothetical developing country of 50 million inhabitants, micronutrient deficiency alone (vitamin A, iron, and iodine) translates each year into 20,000 deaths, 11,000 children with cretinism, 1.3 million person-years of lost work due to impaired capacity or disability, and the loss of 360,000 student-years.

Efforts by PAHO and other international organizations to reduce the problems linked with malnutrition have had very mixed results. For example, while the prevalence of protein-energy malnutrition appears to have stabilized in recent years, this means that the number of undernourished in the population has increased in absolute terms.

Concerning micronutrient deficiencies, iodine deficiency is being combated in many countries, several of which have already been declared free of iodine deficiency disorders (IDD). However, there are other countries where access to iodized salt is not universal. The prevalence of vitamin A deficiency is clearly in decline, and several countries, such as Guatemala, can already boast a very low prevalence of vitamin A deficiency. Iron deficiency is another matter, however; there are persistently high anemia prevalence levels, particularly among pregnant women and children under the age of 2, and virtually the entire population suffers from iron deficiency.

Obesity, which until recently was considered a problem of the developed countries, is increasingly prevalent among adults and children; in several countries the problem has reached a prevalence of over 50% (IDBWHO, 1996).

2. The PAHO Response: Plan of Action

PAHO has launched the Regional Plan of Action in Food and Nutrition, which is grounded in the following principles:

- According to the biological approach, at the cellular level undernutrition is the result of an inadequate diet and/or insufficient availability of nutrients. However, the factors behind it and the underlying causes vary widely among countries, population groups, communities, and even individuals.
- To solve these problems, programs must address not only the immediate biological causes, but the underlying conditions and causes, and must consist of a set of simultaneous interventions geared toward a common objective.
- Families and communities are not the passive recipients of services but have their own objectives, preferences, priorities, and values, not to mention their own knowledge and interpretation of the local conditions that lead to malnutrition and its effects on health.

2.1 Objective

To contribute, through technical cooperation, to the design, implementation, and evaluation of interventions to improve food security and the malnutrition situation in the Region.

2.2 Goals

The Plan of Action adopted the goals proposed in the Declaration of the World Summit for Children (1990) and the International Conference on Nutrition (1992) for the year 2000, which address the problems of protein-energy malnutrition, specific micronutrient disorders (iron, iodine, and vitamin A), and breast-feeding. The goals are:

- A 50% reduction in severe and moderate protein-energy malnutrition among children under 5 years of age;
- Reduction in iron deficiency anemia in pregnant women by one-third;
- Virtual elimination of iodine deficiency disorders;
- Virtual elimination of vitamin A deficiency;
- Empowerment of all women to breast-feed their children exclusively for six months and to continue breast-feeding, incorporating adequate complementary food;

The Plan of Action also includes a goal related to obesity, which seeks:

- The identification of the underlying factors and the development of models for the prevention of obesity and chronic diet-related noncommunicable diseases.

2.3 Areas of Action

The Plan of Action identifies two areas of action:

2.3.1 Food security, understood as the guarantee that individuals, families, and the general population have access, in terms of quality and quantity, to the food they need for adequate intake and biological utilization to guarantee a healthy and socially productive life

In this area the Program seeks to promote behavioral changes among family members, particularly mothers or other caregivers, to ensure the proper feeding of children and the family as a whole; and to guide consumption, taking into account food costs, the purchasing power of

population groups, and the best use that can be made of the limited dietary resources available.

The other components of food security related to availability and the economic components of access will be promoted by the Program to encourage other sectors and specialized agencies to assume their responsibility for the solution of problems linked with malnutrition.

2.3.2 The prevention and management of malnutrition in individuals, families, and the general population to reduce the high prevalence of nutritional problems

The priority problems are:

- Protein-energy malnutrition, particularly in pregnant women, newborns, and infants under 2 years of age;
- Micronutrient deficiency: iron, vitamin A, and iodine;
- Obesity and chronic diseases associated with diet, with emphasis on lower-income groups.

2.4 Technical Cooperation Activities

The Plan of Action identifies two areas of cooperation: one related to improving food security, and the other to the prevention and control of the problems linked with malnutrition. The Plan also identifies lines of support for both areas of cooperation.

2.4.1 Food Security

Work in this area will address access, intake, and improvement of the biological utilization of food. Here, three lines of action are identified: promotion of breast-feeding, promotion of adequate complementary feeding, and promotion and education to improve food access and intake.

Promotion of breast-feeding

As a priority for the next three years, the Plan proposes that at least seven countries design programs to promote exclusive breast-feeding for the first four to six months of life (as the optimal and only food for infants) and continuation of breast-feeding until the age of 2. The experience acquired will make it possible to expand this practice to the rest of countries of the Region.

The experiences in the training of health professionals by UNICEF and USAID, using the baby-friendly initiative of Wellstart, have had a very positive impact, increasing the number of women who begin breast-feeding immediately after delivery. However, only very modest increases have been achieved in the rates of exclusive breast-feeding for the first four to six months. In most countries the practice is discontinued after several weeks. Similarly, attempts to increase the number of women who continue to breast-feed for two years have met with little success.

Although women are well-informed, a number of factors militate against breast-feeding: women's work environment; noncompliance with legislation to protect maternity; limited access and control of resources by mothers; lack of family and societal support; and women's reproductive health and labor situation.

PAHO, in coordination with other governmental sectors, NGOs, the private sector, financial international cooperation agencies, and civil society, will gear its technical cooperation to supporting the health sector to ensure the design and implementation of integrated programs that promote exclusive breast-feeding of infants for up to four to six months and continued breast-feeding to the age of 2.

With this in mind, technical cooperation will help to define and establish which specific tasks and work areas are the responsibility of the health sector, the NGOs, and every other committed sector. Working together will make it possible to modify the factors that prevent mothers from successfully initiating breast-feeding and to encourage them to continue to breast-feed exclusively for four to six months, maintaining the practice until their babies reach the age of 2 years. These aspects refer to the promotion of better working conditions, the amendment of current legislation and regulations and their enforcement; the empowerment of women to exercise their rights as mothers and workers; and the promotion and protection of mothers' health. In addition, governments will receive support for the adoption and enforcement of the International Code of Marketing of Breast-Milk Substitutes, and for the promotion of mass communication and public awareness activities.

Promotion of supplementary feeding

The Program plans to target seven priority countries in the next three years and to work in the design and execution of programs to promote activities that guarantee supplementary feeding during the first two years of life. This line of cooperation should go hand-in-hand with the promotion of exclusive breast-feeding and its continuation into the second year of life. These activities will subsequently be extended to the rest of the countries.

This line of cooperation promotes the introduction and use of appropriate supplementary food, taking into account the aspects of quantity, quality, density, and frequency, as well as the child's state of health. The family's access to food will therefore be considered, as will the attitudes, behaviors, and knowledge of caregivers, in order to ensure that food reaches the child in the best possible form.

Promotion and education to improve food access and intake

Over the next three years, the Plan of Action proposes to foster promotion and education to improve access to and intake of food in at least six priority countries and, subsequently, in the rest of the Region. In this line of work, PAHO has been promoting the updating of national guidelines or standards for the feeding of young children, based on several recent position papers on the topic. This will make it possible to bring health workers up to date on practical aspects in this area.

Another aspect geared toward improved infant feeding practices and family diet is related to the preparation, development, and implementation of dietary guidelines. These guidelines, which consist of educational messages prepared and tested in specific populations, involve a variety of sectors and the population at large. They will take into account factors of access, population patterns, and the current epidemiological profile in nutrition and health.

2.4.2 Prevention and Control of Malnutrition Problems

Protein-energy malnutrition

While it is evident that the severe forms of protein-energy malnutrition have significantly declined in recent years, many children in the Region suffer from retarded growth and development, which translates into a high rate of children who have low height-for-age, a problem that shows up in the first three years of life.

The activities identified for preventing this phenomenon center on the promotion of exclusive breast-feeding for the first four to six months of life, continued breast-feeding for 24 months, and appropriate supplementary feeding for both healthy and sick children, aspects discussed in the preceding section on *Food Security*.

Control of micronutrient deficiencies

Another priority area of technical cooperation identified by the Plan of Action is the design of integrated programs to combat iodine, vitamin A, and iron deficiency.

Iodine. PAHO will continue to furnish technical cooperation in a joint effort with other international organizations, especially UNICEF, to ensure that the countries guarantee universal consumption of iodized salt. Up to now all the countries except Haiti are fortifying salt with iodine. Of these, two (Ecuador and Bolivia) have been declared free of iodine deficiency disorders, and others, such as Canada, the United States of America, and Chile, have the problem under control. It is hoped that more countries will be declared free of IDD in the coming years.

PAHO is in a position to support countries in assessing the impact of iodine fortification of salt and to implement sustainable systems of quality assurance from the point of production to the final consumption of the iodized salt. The Organization can also provide technical

cooperation in determining the characteristics of salt consumption and in training activities and mass promotion of the consumption of iodized salt for the design and execution of epidemiological surveillance systems for the early detection of the population at risk of IDD.

Vitamin A. PAHO will continue to provide technical cooperation in a joint effort with the other international organizationsCin particular, UNICEF and USAIDCto enable more countries to execute national plans for the eradication of vitamin A deficiency.

In areas of high endemicity and as an emergency measure, PAHO can offer technical cooperation for the design and execution of programs to provide vitamin A supplements to children under 5 years of age. In areas with subclinical deficiency, PAHO proposes vitamin A fortification of sugar or another low-cost food staple; here, the Organization can support the design of a system for quality assurance and food and nutrition surveillance. PAHO can also provide technical cooperation for the design of educational programs that promote a diversified diet to encourage the consumption of foods rich in vitamin A.

Iron. PAHO is proposing that in five years at least nine countries be designated priorities for the design and execution of national programs to combat iron deficiency and anemia.

The Organization is promoting a comprehensive strategy that identifies a series of interventions to be carried out simultaneously, since their impact and ease of execution differs over time. These include:

- Iron fortification of an easy-to-access, low-cost food product that is consumed universally, to ensure that the entire population has an adequate and continuous supply of iron. In this vein, iron fortification of wheat flour or another low-cost food staple is encouraged. As part of this intervention, PAHO is supporting the preparation of the pertinent legislation for regulating the fortification process, as well as the implementation of a quality assurance system and an epidemiological surveillance system to monitor the impact on the population.
- Iron supplements for pregnant women, nursing mothers, and children under 3, with a view to controlling anemia and boosting iron reserves in children and mothers. This intervention includes the design of an early detection system and the program's operational mechanisms, as well as the training of personnel, the preparation and publication of manuals, and epidemiological surveillance for monitoring and impact assessment.
- Education and the promotion of a diet containing iron absorption enhancers, such as citrus fruits and meat, and eliminating foods that inhibit absorption, such as tea and coffee with meals.

The Organization is in a position to spearhead an effective line of cooperation in the Region, aimed at reducing the high prevalence of iron deficiency and anemia. It can also support the search for funds and promote joint participation by the international cooperation agencies and local public and private agencies.

Prevention and control of obesity and chronic diseases associated with diet

Over the next three years in at least two countries, the Plan will promote the design and execution of programs for the prevention of obesity in school-age children and adolescents, promoting a “healthy lifestyles” approach. This includes modules on diet and exercise and on how to deal with peer pressure, dependence-independence, body image, and the development of identity. At the end of this period it is proposed that these experiences be extended to the rest of the countries in the Region.

In view of the multiple causality of obesity, PAHO will promote a joint effort in program design and execution among the health and education sectors, NGOs, the mass media, and the private sector. Within PAHO there will be close collaboration with the Program on Family Health, which is developing a component on adolescent health.

2.4.3 Additional Lines of Support in Technical Cooperation

PAHO is also providing technical cooperation in the following areas aimed at modifying the prevalence of nutritional disorders:

National food and nutrition plans

PAHO will continue to cooperate with the countries in formulating national food and nutrition policies that include plans and programs that will result in a reduction in the prevalence of malnutrition problems.

In this line of cooperation all the countries of the Region have designed national food and nutrition plans. In most cases, however, these plans have been mere exercises that have been difficult to execute. In light of this PAHO is maintaining a system for monitoring the execution of plans in the Region and is collaborating with the countries in monitoring, rethinking, and implementing the plans.

Food and nutrition surveillance

This line has two components. The first is aimed at helping the countries to consolidate an epidemiological surveillance system for monitoring the food and nutrition situation at the national level, using a minimum set of indicators that will make it possible to monitor over time the epidemiological situation. The standardization of indicators, instruments, and cutoff points will also make possible to generate regional and subregional information. This line of work will coordinate with the Program on Health Situation Analysis (HDPHDA). It is hoped that this type of system will be designed and executed in at least 10 countries of the Region over the next five years and subsequently expanded to the rest of the countries.

The second component is direct technical cooperation to enhance local institutional capability in data collection on the food and nutrition situation of individuals and populations, interpretation of the information, and action under the current programs to guarantee an information system that will provide an immediate response. This line of cooperation will contribute to a greater capacity to identify target population groups for the interventions, to take action on existing resources, and to improve skills in accessing and utilizing available resources.

This line will strengthen the State's ability to lead, regulate, follow up, and evaluate the plans and programs carried out by the various public and private agencies at the national, sectoral, and local levels. It is hoped that in the coming years this line of work can be carried out in the countries where programs to combat problems linked with malnutrition are being designed and executed.

Human resources development

PAHO is committed to supporting human resources training and development to foster competent leadership in the management of nutritional interventions. For this purpose, the Program will open two lines of action. One of them is an electronic information network with two types of services, a World Wide Web (WWW) page, and Listserv. These services will provide periodic, up-to-date scientific information on problems related to malnutrition and appropriate interventions for professionals, investigators, universities, and services institutions and will disseminate information on successful experiences and report on position papers and scientific publications. These services will facilitate rapid communication with the entire Region, and the information will be accessible in English and Spanish.

The second line of action centers on the formulation of an ongoing distance education plan, with "core courses" that can be constantly updated. These courses will be based on the assessment of the degree of knowledge, response capability, and leadership of the professionals working in nutrition. The courses will be prepared in education and research centers in the Region and offered throughout the Region at reasonable prices. This line of action should cover the entire Region and should be accessible to all professionals. The core courses will first be offered in 1998.

Promotion of scientific research

The Plan of Action includes the promotion of scientific research in the most important areas of nutrition, employing an operational approach. Collaboration among research centers and between the centers and the Food and Nutrition Program will be promoted, as will information exchange between centers of the North and South and dissemination of knowledge in the Organization's lines of technical cooperation.

2.5 Strategies for Implementation of the Plan of Action

The following strategies are being adopted to guarantee the execution of the Plan of Action:

- Advocacy at the political and technical levels to obtain the funds and backing for the interventions and allocation of the necessary resources, seeking consensus and procuring strategic allies at the various political and technical levels.
- Multisectoral action for the design and implementation of programs based on the identification of common objectives and the specific responsibilities of each sector and on the identification of common causes, resources, and convergent interests. This implies sectoral planning with a comprehensive approach that recognizes the complementary role of the other agents and sectors involved.
- Use of the mass media for advocacy and for generating and disseminating information that will foster positive changes in living conditions and lifestyles, respecting the individuality of each population group and recognizing its objectives, preferences, priorities, values, knowledge, and understanding of the local circumstances created by the problems linked with malnutrition.
- Strengthening of the active participation of the population through organized groups; such groups are considered the principal partners in identifying problems and activities to guarantee food security and improve nutritional status.
- Within the Organization, utilization of the mechanisms for technical cooperation (CFNI, INCAP, CLAP, and local consultants). Outside of PAHO, utilization of the mechanisms for cooperation with international technical and financial agencies (UNICEF, USAID, World Bank, and others), the WHO Collaborating Centers, and the scientific community in general, to find more appropriate ways of combating problems linked with malnutrition and related factors.
- Dissemination of position papers on priority areas of technical cooperation. Two or three position papers per year are programmed to be published, to provide technical support for the design and execution of the interventions. These papers will be reviewed by ad hoc groups of scientists and subsequently disseminated regionwide via the WWW and Listserv.
- Finally, as an ongoing activity, interagency work agreements will be promoted at the regional level among international cooperation agencies, and at the local level among NGOs, grassroots organizations, the Church, and civil society.

3. Budget

PAHO has allocated regular funds to the Food and Nutrition Program, the specialized centers (CFNI and INCAP) and the Representative Offices in the countries. The total biennial budget for 1996-1997 is \$17,460,000.

These funds will enable PAHO to execute its Plan of Action. However, it is essential that extrabudgetary funds be obtained to strengthen the activities. The Program has therefore put together three proposals that have been presented to potential donors. In addition, resources have been mobilized at the local level around national programs, as indicated in the table below.

Budget for the Execution of the Regional Plan (in US\$)

	Programmed	Available
Regular funds for two years (1996-1997)	17,460,000	17,460,000
Funds from the mobilization of resources at the local level:		
Ecuador: World Bank	2,000,000	2,000,000
UNICEF	250,000	250,000
OMNI	500,000	500,000
Bolivia: WFP, UNICEF, OMNI	2,419,975	2,419,975
Government	2,419,975	2,419,975
Extrabudgetary funds for regional programs:		
Improvement of feeding practices for young children	2,610,000	2,610,000
Regional Plan to combat iron deficiency and anemia in the Americas	3,000,000	-
Promotion of comprehensive breast-feeding	1,150,000	-
Total	31,889,550	27,739,550

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