Food and Agriculture Organization of the United Nations

WFP World Food Programme

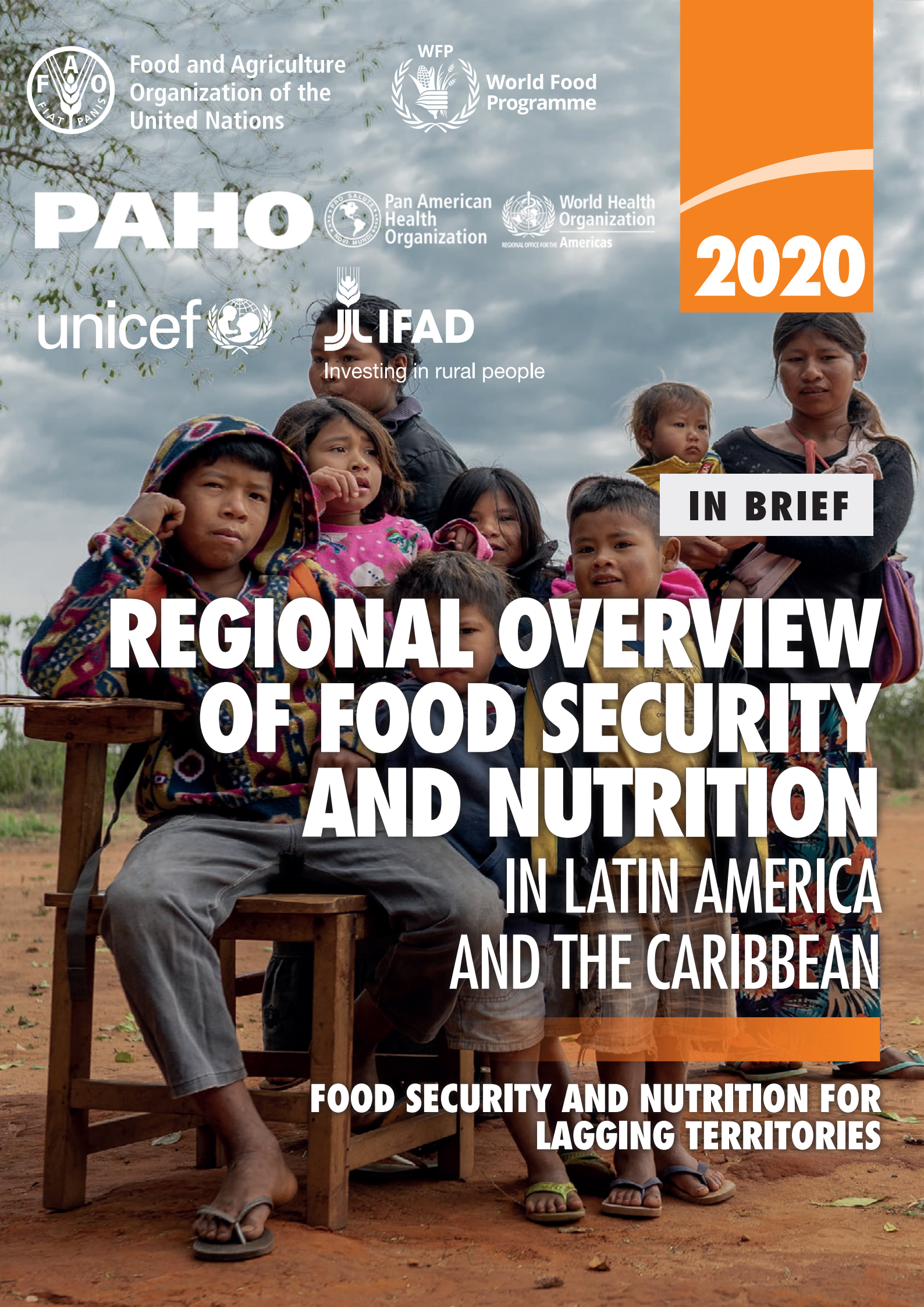
PAHO Pan American Health Organization

World Health Organization Regional Office for the Americas

2020

unicef

IFAD Investing in rural people



IN BRIEF

REGIONAL OVERVIEW OF FOOD SECURITY AND NUTRITION IN LATIN AMERICA AND THE CARIBBEAN

FOOD SECURITY AND NUTRITION FOR LAGGING TERRITORIES

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2020

REGIONAL OVERVIEW OF FOOD SECURITY AND NUTRITION IN LATINA AMERICA AND THE CARIBBEAN

FOOD SECURITY AND NUTRITION FOR LAGGING TERRITORIES

IN BRIEF

Food and Agriculture Organization of the United Nations
Santiago, 2021

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FOREWORD

The year 2020 has brought with it one of the worst health crises in recent memory. At the time of finalizing this document more than 60 million people have been infected with the new coronavirus, and 1.4 million people have died worldwide.

Projections point to the largest drop in gross domestic product since World War II, and an increase in poverty in Latin America and the Caribbean of around 45 million people. This situation strongly affects employment and income, and has enormous impacts on food and nutrition, especially for the region´s most vulnerable inhabitants.

The COVID-19 pandemic will affect progress associated with the Sustainable Development Goals. While its effects have not yet been fully measured with regard to ending hunger, achieving food security and improving nutrition, it is expected that there will be immediate and long-lasting consequences on the quality of life of the population. This puts the achievement of the targets of SDG 2 "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and SDG 3 "Ensure healthy lives and promote well-being for all at all ages" at serious risk.

This is especially worrying given that even before the COVID-19 pandemic, much of the region's progress on food and nutrition had been reversed. In 2019 the number of people living with hunger in Latin America and the Caribbean stood at 47 million. This implies that approximately 7.4 percent of the region's inhabitants suffered from hunger, but perhaps more importantly, it also means an increase of more than 13 million people in the total undernourished population in the last five years alone.

Similarly, in 2019 more than 190 million people faced moderate or severe food insecurity. In other words, one out of every three inhabitants of the countries of Latin America and the Caribbean did not have access to nutritious and sufficient food due to lack of economic or other resources. This reality can affect quality of diet and eating habits and present negative consequences for nutrition, health and well-being.

Quality of diet is also related to excess weight, and this new edition of the Latin America and the Caribbean Regional Overview of Food Security and Nutrition confirms that child overweight in the region continues to increase. In 2019 it stood at 7.5 percent, above the world average of 5.6 percent. In fact, overweight and obesity have increased among all age groups. In all countries of the region, overweight in women is higher than in men, and in 19 countries, the difference is of at least 10 percentage points. The economic and social cost of the double burden of malnutrition, and particularly of overweight and obesity, is increasing in the region, with 75 percent of deaths caused by non-communicable diseases being highly associated with unhealthy diets.

However, as is well known, national averages frequently hide even more serious situations within countries. Today, in Latin America and the Caribbean, one out of every five territories is highly lagging with regard to malnutrition, either due to stunting or overweight. Child stunting rates are disproportionately high in territories that are usually rural, with less access to services and predominantly informal labor markets, and whose population has high levels of poverty and low levels of schooling. Overweight in children under the age of five is more pronounced in urban areas, although it also occurs in rural territories. In fact, 53 territories, or one in five, are lagging due to the double burden of malnutrition, and these tend to be rural, with high levels of poverty and a high presence of indigenous and Afro-descendant peoples.

The five United Nations Agencies that produce the Latin America and the Caribbean Regional Overview of Food Security and Nutrition in 2020, want to draw attention to the need to focus new policies and investments in lagging territories where those suffering the highest levels of malnutrition reside. The region will only have reached Zero Hunger when all women and all

men, in all territories, have food security and are free from any form of malnutrition.

The Regional Overview 2020 notes some examples that are already occurring in the region that demonstrate that it is possible to carry out successful and multidimensional initiatives that can reduce different forms of malnutrition in the population of those places which face the greatest challenges. There are cross-cutting policies and programs that combine interventions to guarantee physical and economic access to healthy foods, while ensuring their proper use and quality. When these actions are designed and implemented in dialogue and coordination with relevant stakeholders and considering the characteristics of the territories, their impacts on the well-being of the entire population is increased.

Therefore, it is urgent that public actors, and society as a whole, with the support of the United Nations and the international community, react with substantive measures in order to prevent the progress initially made in pursuit of the SDGs, becoming just a good story from the region's recent past. The full and sustainable development of the territories that are lagging behind not only constitutes an obligation regarding the realization of the rights of the people inhabiting them, but would allow, in turn, the activation of their social, economic, environmental and cultural potential, for the benefit of all societies and the planet.

Everything seems to indicate that complex years lie ahead, presenting enormous challenges for achieving the 2030 Agenda for Sustainable Development, but we hope that this edition of the Regional Overview will contribute with evidence and proposals to build a more inclusive and sustainable recovery that, this time, serves all people and their territories.

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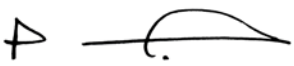

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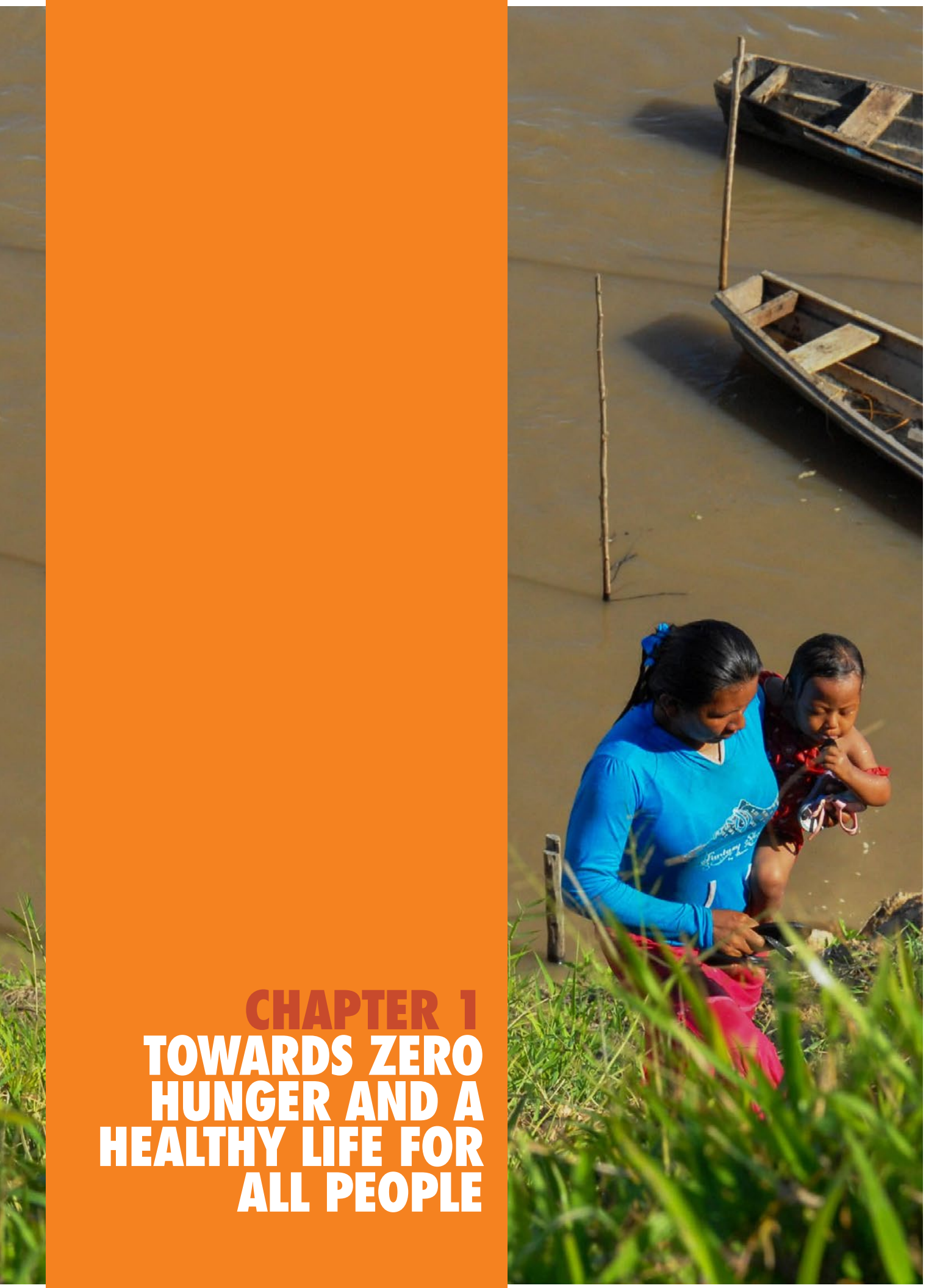

CHAPTER 1
TOWARDS ZERO HUNGER AND A HEALTHY LIFE FOR ALL PEOPLE

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TOWARDS ZERO HUNGER AND A HEALTHY LIFE FOR ALL PEOPLE

The achievement of the targets related to food in Sustainable Development Goal 2 (SDG2), Zero Hunger, and SDG3, Guarantee a healthy life and promote well-being for all at all ages, constitutes a roadmap that facilitates the realization of the human right to adequate food and health.

1.1 SDG 2. END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION, AND PROMOTE SUSTAINABLE AGRICULTURE

SDG 2 proposes to end hunger and malnutrition in all its forms by 2030. This section sets out the situation of the countries of Latin America and the Caribbean (LAC) in relation to the first two targets of the Goal.

Target 2.1. End hunger and ensure access by all people to healthy, nutritious and sufficient food throughout the whole year

Indicator 2.1.1. Prevalence of Undernourishment

The prevalence of undernourishment estimates the proportion of people in the total population lacking sufficient food to satisfy their energy needs to lead a healthy and active life during the whole year. This has been the main international indicator used in recent decades to track progress in eradicating hunger.

Between 2000 and 2019, undernourishment in LAC fell by more than 3 percentage points, from 11.1 percent to 7.4 percent. However, in the last 5 years hunger[1] has shown an increase of almost 2 percentage points, with 47.7 million people affected. This upward trend occurs within a context of low economic growth and decline, increases in poverty[2], and the occurrence of extreme weather events and political conflicts.

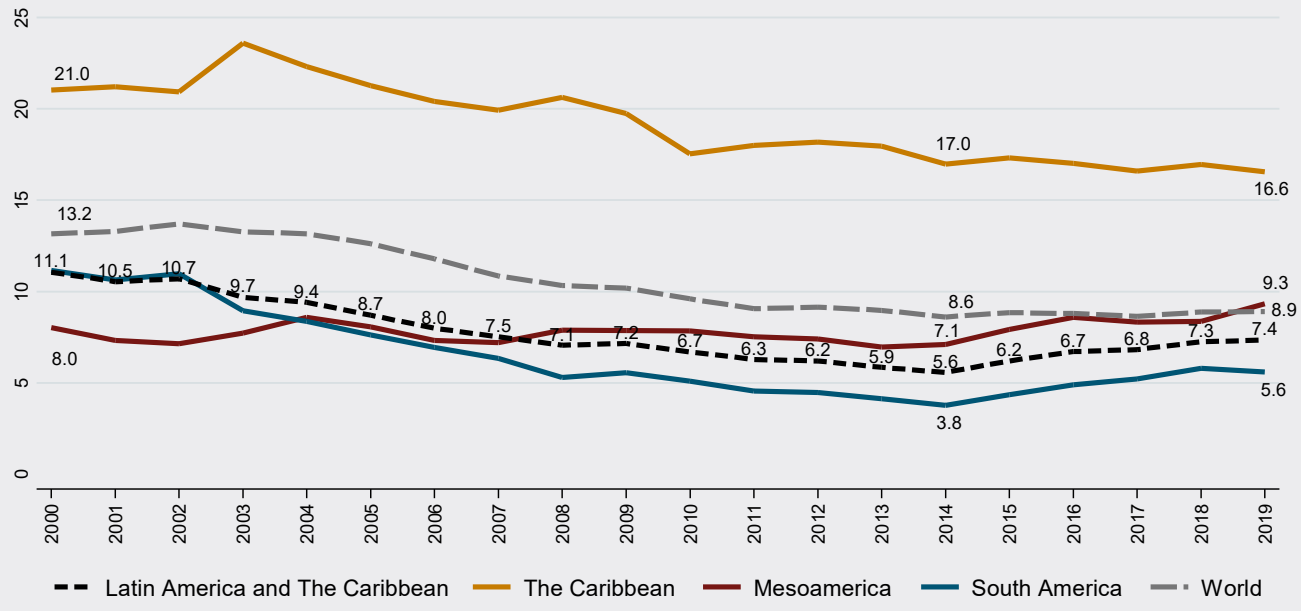
If these trends continue between now and 2030, without considering the additional repercussions of the COVID-19 pandemic (see Box 1), the region would reach a prevalence of undernourishment of 9.5 percent, which would represent an increase of almost 20 million people, with an increase of almost 12 million in South America and 8 million in Mesoamerica. For the Caribbean, a reduction of 2 percentage points is projected between now and 2030.

1 The concepts of hunger and undernourishment are used interchangeably in this section.

2 According to ECLAC projections, between 2014 and 2019 extreme poverty increased by 26 million people.

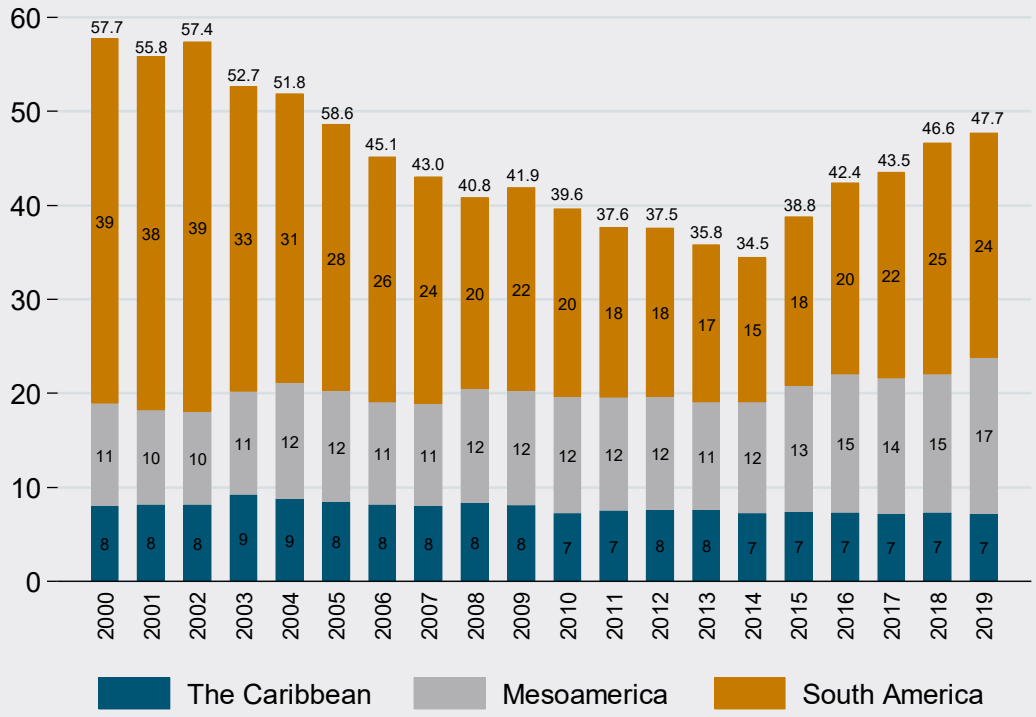
FIGURE 1

THE EVOLUTION OF PREVALENCE OF UNDERNOURISHMENT IN LATIN AMERICA AND THE CARIBBEAN, SUBREGIONS AND WORLDWIDE, 2000-2019



SOURCE: FAO, 2020.

FIGURE 2
NUMBER OF UNDERNOURISHED PEOPLE IN LATIN AMERICA AND THE CARIBBEAN AND SUBREGIONS, 2000-2019



Source: FAO, 2020

With regard to the evolution of hunger in different countries, the increases registered between 2013 and 2015 and 2017 and 2019 are concentrated in eight countries in the region. In Venezuela (The Bolivarian Republic of) there has been a significant increase in its prevalence by 22.8 percentage points, having tripled its undernourished population in 5 years, with 31.4 percent of its population being affected.

Mexico is also struggling to reach the first target of SDG2, with an increase of 2.5 percentage points in prevalence of hunger in the same period. Also worth mentioning is Haiti, where almost half the population is undernourished, with stagnation during the last decade. The sum of these three countries represents 50 percent of the undernourished population in the region.

TABLE 1
PREVALENCE OF UNDERNOURISHMENT AND MILLIONS OF PEOPLE AFFECTED IN LATIN AMERICA AND THE CARIBBEAN COUNTRIES, 2000-2019

	Prevalence (%)						Millions of people					
	2000-02	2010-12	2013-15	2016-18	2017-19	Change 2016-18 and 2017-2019	2000-02	2010-12	2013-15	2016-18	2017-19	Change 2016-18 and 2017-2019
Argentina	3.1	3.4	<2.5	3.4	3.8	▲	1.2	1.4	n.r.	1.5	1.7	▲
Barbados	6.5	4.8	4.4	4.5	4.3	▼	<0.1	<0.1	<0.1	<0.1	<0.1	=
Belize	5.9	6.9	7.8	7.5	7.6	▲	<0.1	<0.1	<0.1	<0.1	<0.1	=
Bolivia (Plurinational State of)	27.9	23.3	17.3	15.6	15.5	▼	2.4	2.3	1.9	1.7	1.8	▲
Brazil	10.1	<2.5	<2.5	<2.5	<2.5	=	17.9	n.r.	n.r.	n.r.	n.r.	=
Chile	3.5	3.7	3.1	3.3	3.5	▲	0.5	0.6	0.6	0.6	0.7	▲
Colombia	8.8	12.2	7.3	5.5	5.5	=	3.5	5.5	3.4	2.7	2.7	=
Costa Rica	4.8	3.9	4.2	3.2	3.2	=	0.2	0.2	0.2	0.2	0.2	=
Cuba	<2.5	<2.5	<2.5	<2.5	<2.5	=	n.r.	n.r.	n.r.	n.r.	n.r.	=
Dominica	3.8	4.7	5.3	5.7	5.8	▲	<0.1	<0.1	<0.1	<0.1	<0.1	=
Dominican Republic	20.6	12.4	8.5	6	5.5	▼	1.8	1.2	0.9	0.6	0.6	=
Ecuador	21.2	18.3	11.7	9.1	8.8	▼	2.7	2.7	1.9	1.5	1.5	=
El Salvador	7.3	11	10.7	9.5	8.9	▼	0.4	0.7	0.7	0.6	0.6	=
Guatemala	22.4	17.1	17.7	16.1	16.1	=	2.7	2.5	2.8	2.7	2.8	▲
Guyana	6.7	7.4	6.5	6	5.7	▼	<0.1	<0.1	<0.1	<0.1	<0.1	=
Haiti	53.2	48.2	48.3	48.3	48.2	▼	4.6	4.8	5.1	5.3	5.4	▲
Honduras	22	21.2	17.3	13.8	13.8	=	1.5	1.8	1.5	1.3	1.3	=
Jamaica	7.5	9.7	9.8	9.3	8.7	▼	0.2	0.3	0.3	0.3	0.3	=
Mexico	3.3	4.8	4.6	6.7	7.1	▲	3.3	5.4	5.5	8.4	9	▲
Nicaragua	27.6	20.2	18.8	17.1	17.2	▲	1.4	1.2	1.2	1.1	1.1	=
Panama	24.6	11.9	8.4	7.3	6.9	▼	0.8	0.4	0.3	0.3	0.3	=
Paraguay	10.6	8.5	7.7	8.7	8.8	▲	0.6	0.5	0.5	0.6	0.6	=
Peru	21.6	8.2	5.8	7	6.7	▼	5.8	2.4	1.8	2.2	2.2	=
Saint Vincent and the Grenadines	13.5	5.8	5.7	6	5.7	▼	<0.1	<0.1	<0.1	<0.1	<0.1	=
Suriname	12	7.4	7.7	8.4	8.1	▼	<0.1	<0.1	<0.1	<0.1	<0.1	=
Trinidad and Tobago	10.1	9.2	6	5.7	5.5	▼	0.1	0.1	<0.1	<0.1	<0.1	=
Uruguay	3.7	<2.5	<2.5	<2.5	<2.5	=	0.1	n.r.	n.r.	n.r.	n.r.	=
Venezuela (Bolivarian Republic of)	15.1	<2.5	8.6	27.3	31.4	▲	3.7	n.r.	2.6	8	9.1	▲
WORLD	**13.4**	**9.6**	**8.8**	**8.8**	**8.8**	=	**833.2**	**669.2**	**643.3**	**663**	**673**	▲
LATIN AMERICA AND THE CARIBBEAN	**10.8**	**6.7**	**5.9**	**6.9**	**7.2**	▲	**57.0**	**39.7**	**36.4**	**44.1**	**45.9**	▲
LATIN AMERICA	**10**	**5.8**	**5**	**6.2**	**6.5**	▲	**48.9**	**32.1**	**29**	**36.9**	**38.7**	▲
CARIBBEAN	**21.1**	**18.4**	**17.4**	**16.9**	**16.7**	▼	**8.1**	**7.6**	**7.4**	**7.2**	**7.2**	=
MESOAMERICA	**7.5**	**7.7**	**7.3**	**8.4**	**8.7**	▲	**10.3**	**12.2**	**12.2**	**14.6**	**15.2**	▲
SOUTH AMERICA	**10.9**	**5.1**	**4.1**	**5.3**	**5.5**	▲	**38.6**	**19.9**	**16.7**	**22.3**	**23.5**	▲

Notes Increase Decrease Unchanged =
<2.5: prevalence less than 2.5%.
<0.1: population less than 100,000 people.
n.r .: data not reported because prevalence is less than 2.5%.
Source: FAO, 2020.

BOX 1

COVID-19 AND ITS POSSIBLE EFFECTS ON UNDERNOURISHMENT AND FOOD INSECURITY

In the current context of the pandemic, confinement has led to a reduction in economic activity, reducing demand and employment, and affecting the ability of households to generate income. In the region, a decrease of more than 9 percent[1] is expected, and the regional unemployment rate could exceed 13.5 percent, an increase of 18 million in unemployed population. Furthermore, in the region one in two jobs is informal and many people are unable to generate income due to mobility restrictions and falling consumption. It is estimated that poverty in the region will increase by 45.5 million people and more than half of this increase (28.5 million) will correspond to extreme poverty, which would represent the highest rate in the last 19 years (15.5 percent). It is evident that this situation puts the food security and nutrition of households at risk, especially of the poorest and most vulnerable, since it will affect their quality of diet, and in the most extreme cases, it will reduce the amount of food to which they have access.

Although there are still not enough representative estimates at the national level to specify the magnitude of the impact of COVID-19 on food security in LAC, it seems clear that countries such as El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Venezuela (The Bolivarian Republic of) that already had high levels of food insecurity and poverty before the pandemic, can be predicted to be at greater risk of worsening their situation in the coming months. Acute food insecurity in these areas (which includes Venezuelan migrants in Colombia, Ecuador and Peru) could affect 16 million people, that is, the affected population would be triple that prior to the pandemic.

In addition, most of the region's countries are not exempt from suffering consequences of the pandemic and a significant increase in poverty is estimated in most of them. The impact that poverty will have on household food security will depend on the measures that governments continue to take to deal with this crisis.

1 According to IMF it would be 9.4 percent and according to ECLAC it would be 9.1 percent.

Indicator 2.1.2: Prevalence of moderate or severe food insecurity

Food insecurity is another indicator for measuring progress towards the eradication of hunger. This is quantified using the food insecurity experience scale, which is included in household surveys to explore the severity of food insecurity.

In LAC, moderate or severe food insecurity showed an upward trend between 2014 and 2019 (Table 2). During this period the number of people in the region who were forced to reduce the quality and quantity of their food increased by 61.8 million, with a prevalence that rose from 22.6 percent to 31.7 percent in 5 years, affecting 191 million people.

TABLE 2

FOOD INSECURITY IN LATIN AMERICA AND THE CARIBBEAN, SUBREGIONS AND THE WORLD, 2014 AND 2019 SDG TARGET: ACHIEVE FOOD SECURITY BY 2030.

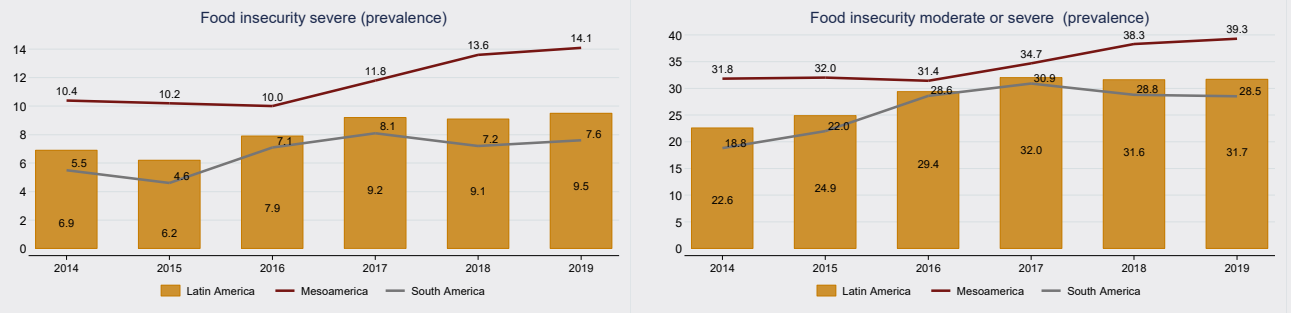
	Severe food insecurity (%)				Severe food insecurity (millions of people				Moderate or severe food insecurity (%)				Moderate or severe food insecurity (millions of people)			
World	8.1	8.2	8.7	9.2	597.8	612.6	656.5	703.3	22.7	23.5	24.6	25.5	1672.8	1753.1	1859.8	1948.4
Latin America	7	7.8	8.7	9.3	40.9	45.8	51.9	55.5	25.6	28.8	31	31.8	149	169	183.8	190.2
Mesoamerica	10.2	10.7	11.8	13.1	17.2	18.3	20.4	23.1	31.7	32.7	34.8	37.4	53.5	55.9	60.3	65.7
South America	5.7	6.6	7.5	7.7	23.7	27.5	31.4	32.5	23.2	27.2	29.4	29.4	95.5	113.1	123.5	124.5

This also meant a significant increase in prevalence of severe food insecurity, 2.6 percentage points. In other words, the number of people who were left without food, went hungry or went without food for more than a day increased by 17.9 million between 2014 and 2019, with 32 million people affected.

In South America, moderate or severe food insecurity stands at 28.5 percent, while in Mesoamerica a larger part of its population is affected (39.3 percent). Severe food insecurity is 7.6 percent and 14.1 percent respectively in the subregion.

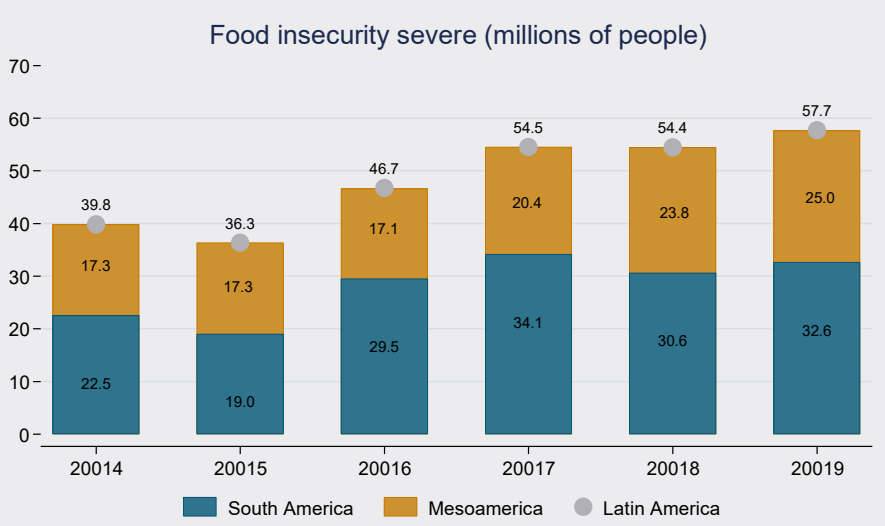
FIGURE 3

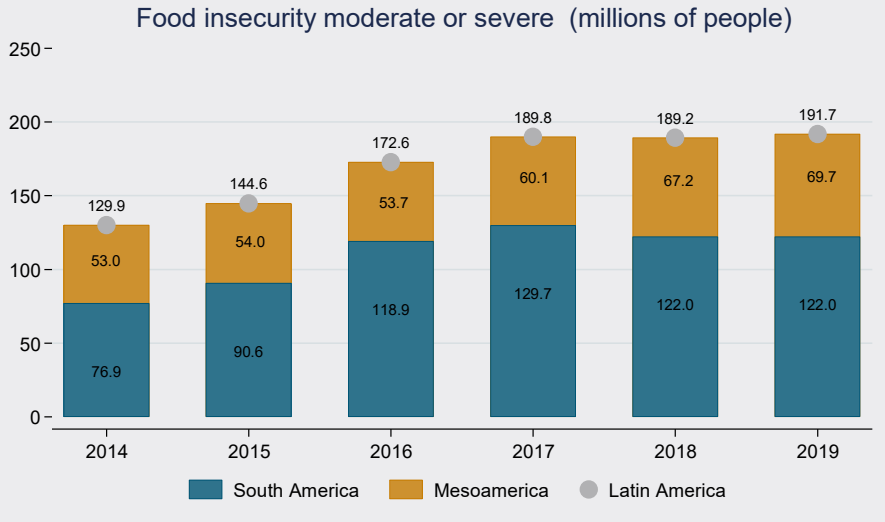
EVOLUTION OF THE PREVALENCE OF FOOD INSECURITY BY SUBREGIONS OF LATIN AMERICA, 2014-2019



Source: FAO, 2020.

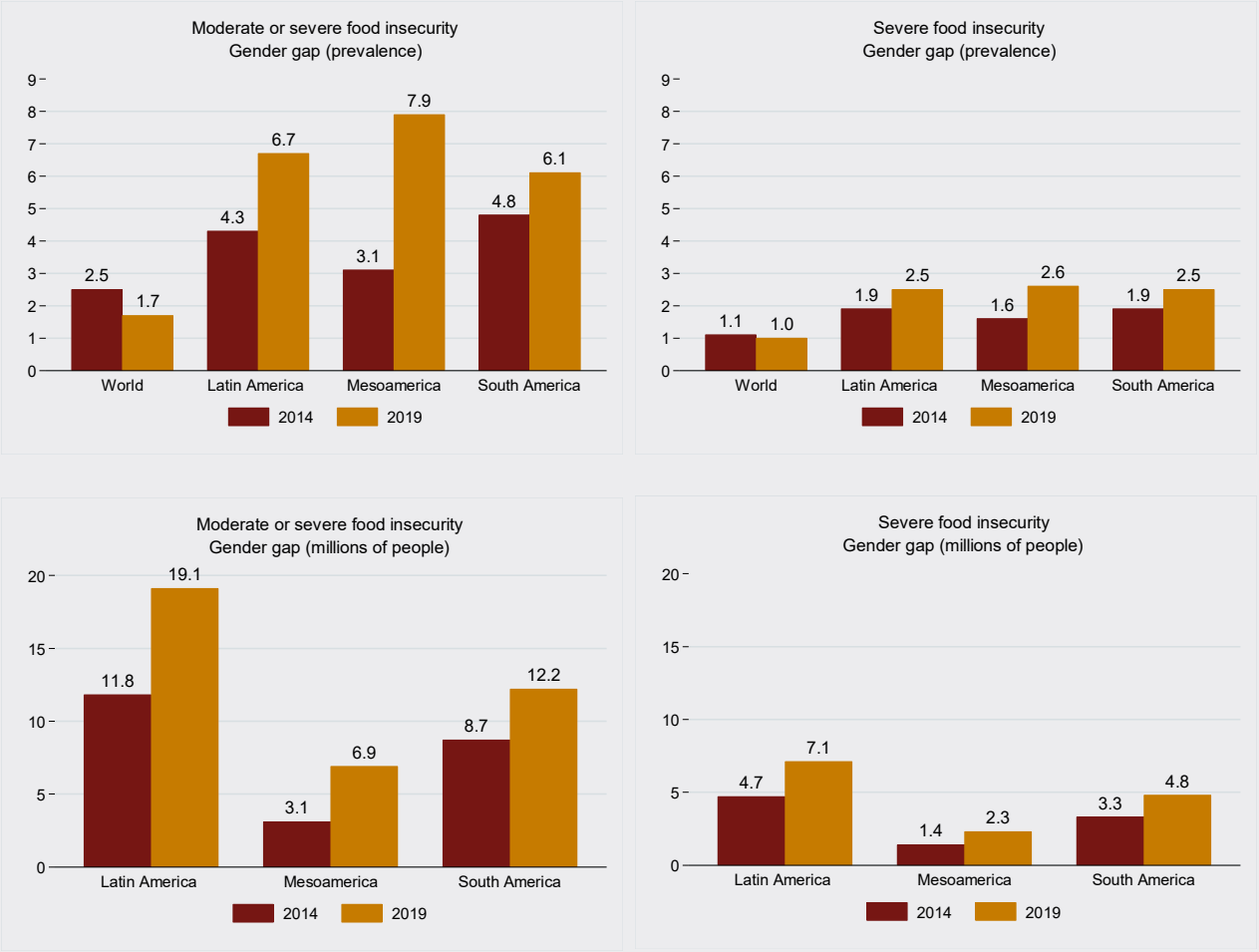
FIGURE 4
EVOLUTION OF THE NUMBER OF FOOD INSECURE PEOPLE BY SUBREGIONS OF LATIN AMERICA AND THE CARIBBEAN, 2014-2019





Source: FAO, 2020.

FIGURE 5
DIFFERENCE IN FOOD INSECURITY BETWEEN MEN AND WOMEN, 2014 AND 2019



Source: Prepared by the authors based on information from FAO

Food insecurity by gender

In all regions of the world, food insecurity is greater in women than in men. However, in Latin America this difference is even greater[3], with a difference of 6.7 percentage points (Figure 5). Furthermore, the gap has continued to grow since 2014, as the prevalence of food insecurity has increased.

The fact that women are more likely to be food insecure is not only worrying because it reveals a structural problem that makes them more vulnerable to lack of healthy foods, malnutrition, disease and micronutrient deficiencies, but also because this situation can have repercussions on maternal health during pregnancy and lactation, and also affect the health of children.

3 In part, this situation can be explained by the difficulties of women in the region to access resources, inputs, markets, credits, services and employment opportunities, which limits their income and livelihoods and translates into increased poverty and food insecurity.

Target 2.2. End all forms of malnutrition

Indicator 2.2.1: Prevalence of stunting among children under 5

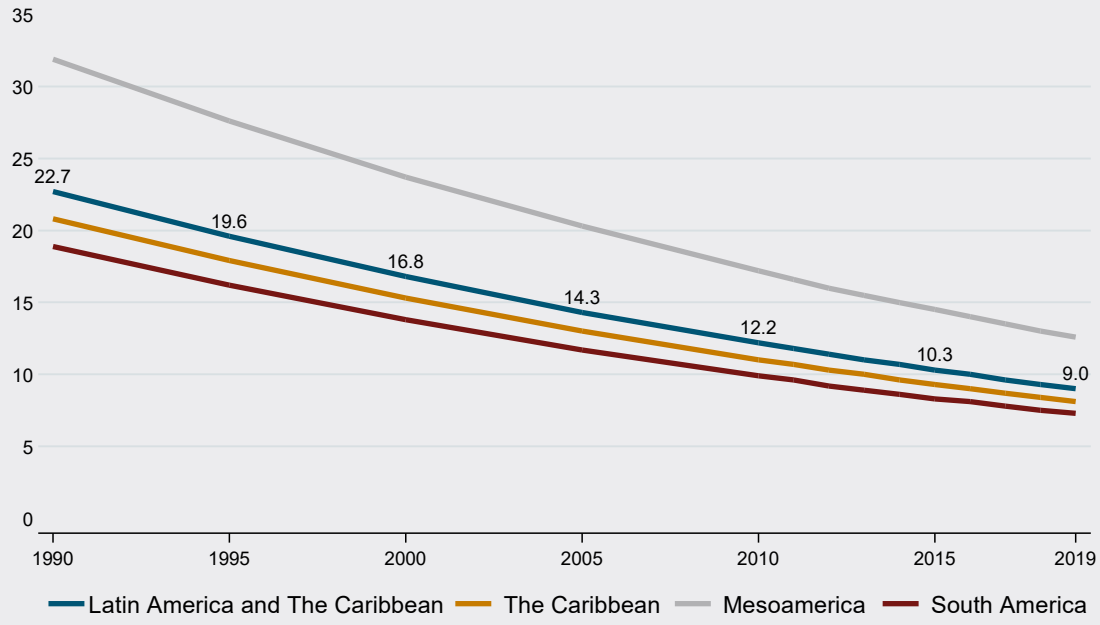
Stunting refers to the situation of a child who is insufficiently tall for his or her age. This anomaly affects physical and cognitive development and is a consequence of the lack of nutrients necessary for his or her development over a prolonged period of time.

In LAC, the process of eradicating stunting has shown significant progress over the past two decades. According to estimates[4], prevalence dropped from 22.7 percent in 1990 to 9 percent in 2019. This represents a reduction in the number of affected children by 9 million, placing prevalence in the region well below the world average of 21.3 percent. If this trend continues, the region would be very close to meeting these targets, one year after proposed. The Caribbean would reach the 2025 and 2030 targets on time.

The greatest progress achieved between the 2000s and 2010s corresponds to Bolivia (Plurinational State of), El Salvador, Mexico,

4 From UNICEF, WHO and UNICEF: Joint child malnutrition estimates.

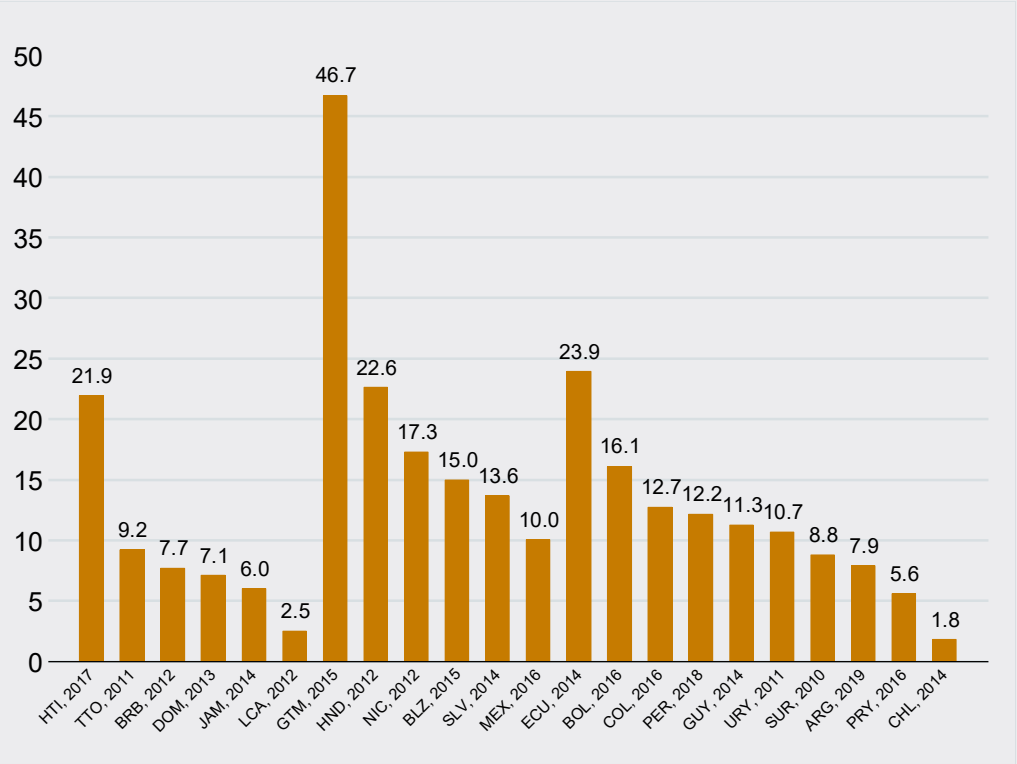
FIGURE 6
EVOLUTION OF PREVALENCE OF STUNTING AS PERCENTAGES IN LATIN AMERICA AND THE CARIBBEAN AND SUBREGIONS, 1990-2019



SOURCE: UNICEF, WHO and the World Bank, online.

Paraguay and Peru, which have reduced their prevalence of stunting by more than half. However, Guatemala, Ecuador, Honduras and Haiti still have high stunting rates, among them Guatemala stands out, with a rate of 46.7 percent (Figure 7).

FIGURE 7
PREVALENCE OF STUNTING AS A PERCENTAGE IN SELECTED COUNTRIES OF LATIN AMERICA AND THE CARIBBEAN ORDERED BY SUBREGION, DATA AVAILABLE SINCE 2010



Source: UNICEF, WHO and the World Bank, online.

Indicator 2.2.2: Prevalence of wasting and overweight among children under 5.

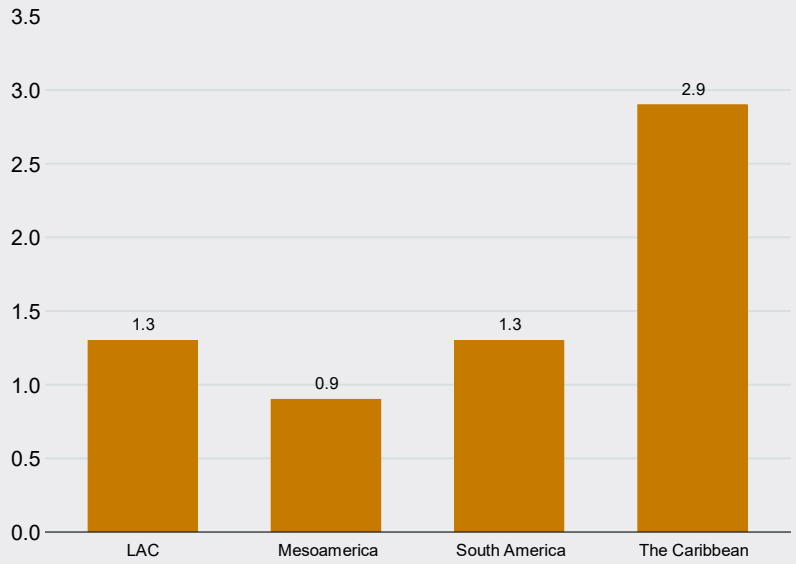
Wasting

Wasting or acute malnutrition refers to the situation of a child with low weight for height. It is the result of recent severe weight loss or inability to gain weight because he or she does not eat enough or because an infectious disease caused him or her to lose weight.

In the region, prevalence of this type of malnutrition is 1.3 percent, well below the world average of 6.9 percent. According to the established targets, the three subregions are meeting the goal of keeping prevalence below 5 percent and 3 percent. However, countries such as Barbados, Guyana, Trinidad, Suriname and Tobago are above 5 percent and Haiti, Jamaica and Saint Lucia, are above 3 percent.

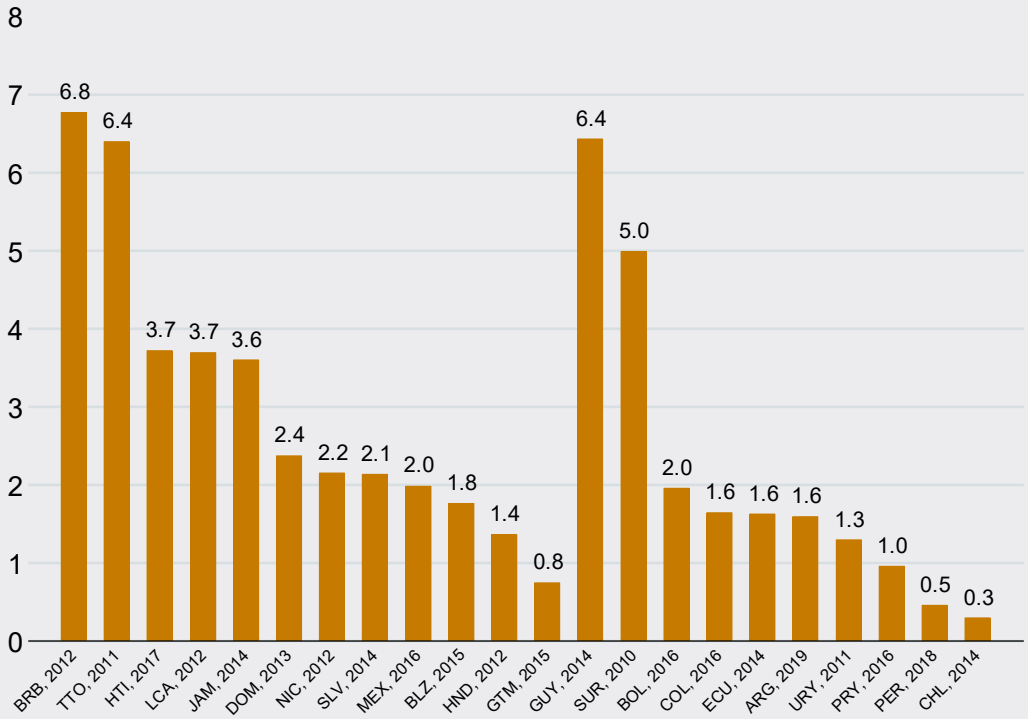
It is important to highlight that this indicator is more sensitive to sudden or temporary changes in access to food. Hence, in the coming months it could show significant variations in some population groups due to the economic crisis caused by the COVID-19 pandemic.

FIGURE 8
PREVALENCE OF WASTING IN LATIN AMERICA AND THE CARIBBEAN AND SUBREGIONS, 2019. IN PERCENTAGES



Source: UNICEF, WHO and the World Bank, online

FIGURE 9
WASTING IN CHILDREN UNDER 5 YEARS IN SELECTED COUNTRIES OF LATIN AMERICA AND THE CARIBBEAN, 2010-2019. IN PERCENTAGES



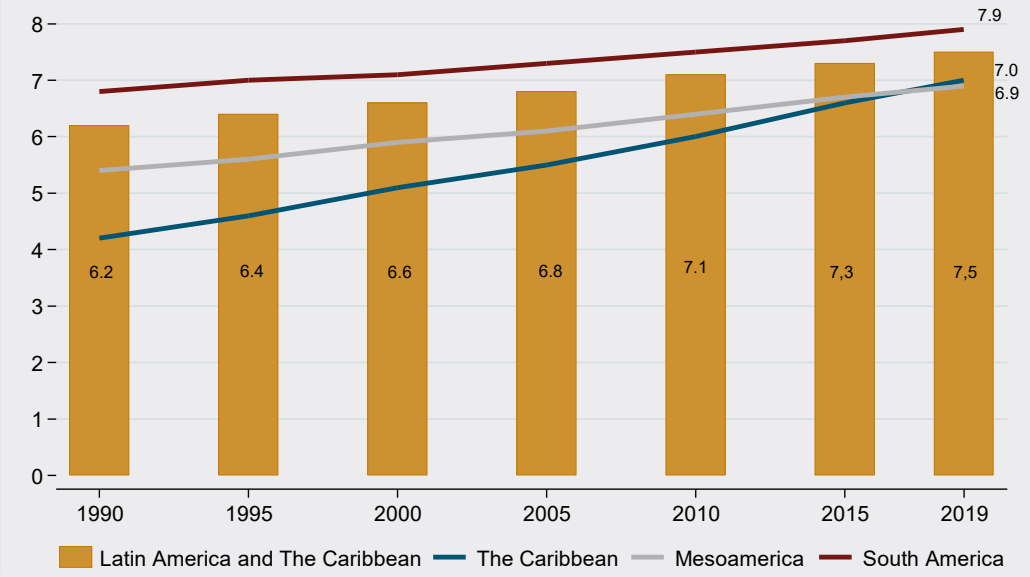
Source: UNICEF, WHO and the World Bank, online.
NOTE: data from 2010 onwards are considered

Child overweight

Child overweight refers to a child with high weight for height. This form of malnutrition results from spending too few calories relative to the amount of food and drinks consumed and increases the risk of non-communicable diseases later in life.

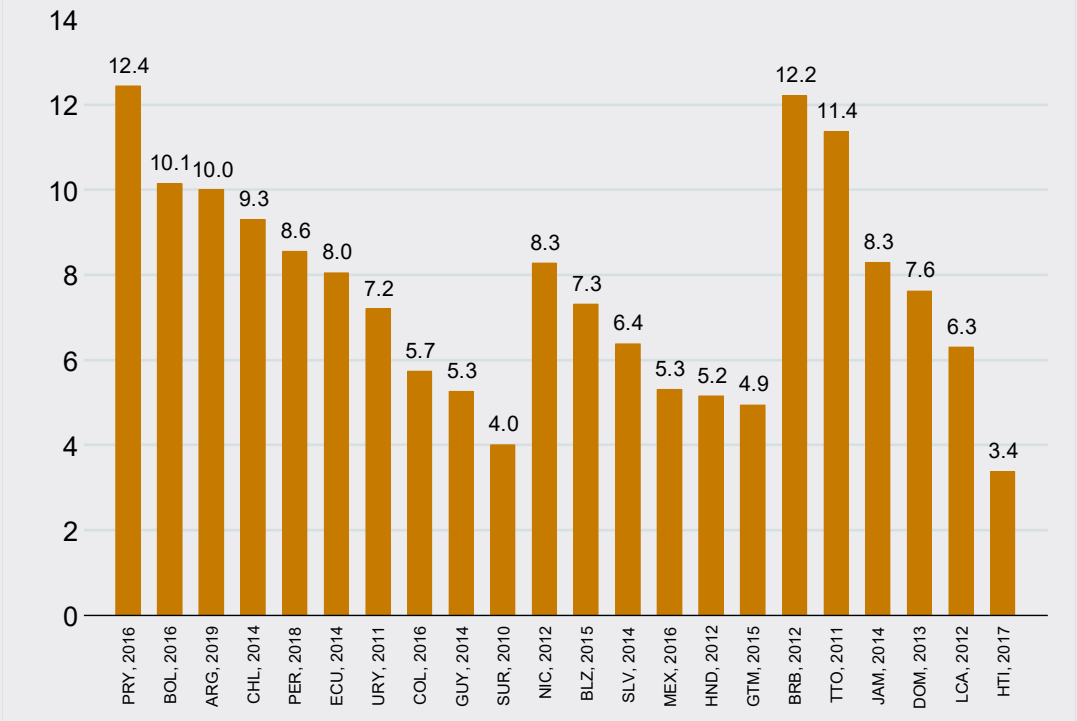
Child overweight in the region exceeds the world average of 5.6 percent and has shown a sustained increase since 1990. In 2019 it reached 7.5 percent, which represents 3.9 million affected children under 5. If this trend continues, the region will not meet the target of the World Health Assembly, which proposes that overweight in children under 5 should not increase between 2012 and 2025.

FIGURE 10
EVOLUTION OF THE PERCENTAGE OF OVERWEIGHT IN CHILDREN UNDER 5 FOR LATIN AMERICA AND THE CARIBBEAN AND SUBREGIONS, 1990-2019



Source: UNICEF, WHO and the World Bank, online.

FIGURE 11
OVERWEIGHT IN CHILDREN UNDER 5 IN SELECTED COUNTRIES OF LATIN AMERICA AND THE CARIBBEAN AND BY SUBREGION, LATEST DATA AVAILABLE FOR EACH COUNTRY FROM 2010 ONWARDS



Source: UNICEF, WHO and the World Bank, online

1.2 SDG 3. TO ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

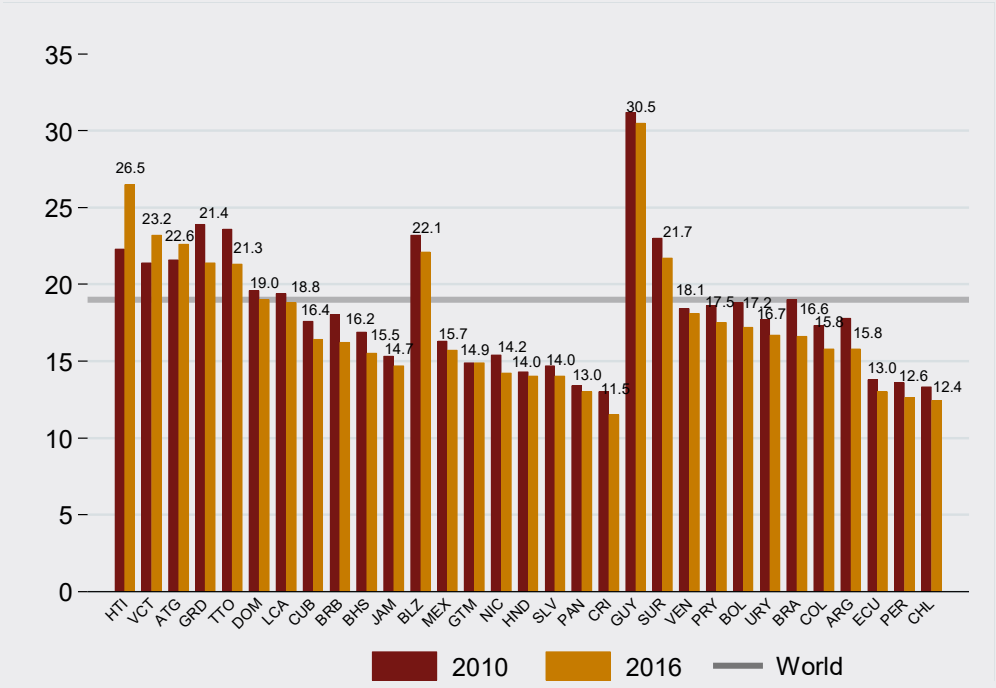
Target 3.4. Reduce by one third premature mortality from noncommunicable diseases

Indicator 3.4.1 Mortality rate attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases

Non-communicable diseases (NCDs) tend to be long-lasting and are the leading cause of death in the world. Consuming highly processed products high in sodium, sugar, and saturated and trans fats is associated with the development of obesity, which in turn implies an increased risk of death from cardiovascular disease, diabetes, or cancer. In other words, ensuring adequate nutrition is closely related to meeting this target.

Regarding the evolution of this indicator, between 2010 and 2016 most of the countries showed progress. However, in Haiti the probability of death associated with NCDs increased by more than 4 percentage points and is one of the highest rates in the region (26.5 percent), only surpassed by Guyana, whose rate is 30.5 percent (Figure 12). In addition, eleven countries in the region exceed the world average of 18.3 percent, of which seven are in the Caribbean.

FIGURE 12
PROBABILITY OF DEATH FROM NON-COMMUNICABLE DISEASES IN PEOPLE AGED 30 TO 70 YEARS IN LATIN AMERICA AND THE CARIBBEAN AND IN THE WORLD, 2010 AND 2016



Source: World Health Organization. Global Health Observatory [online]. Geneva, WHO; 2020. Available in: http://www.who.int/hrh/statistics/hwfstats.

It should be noted that in the context of the current pandemic, WHO has noted that people with NCDs such as cardiovascular disease, diabetes and cancer are at a higher risk of becoming seriously ill, and more likely to die, from COVID-19. In addition, it has been reported that people with obesity show a more severe form of coronavirus disease. High rates of obesity and increasing presence of NCDs therefore put a significant part of the region's population at greater risk from this pandemic.

In addition to the fact that obesity and NCDs carry a higher risk of death, they also carry physical, psychological and economic complications that affect people's quality of life, overload health systems, affect productivity at work and entail economic losses for countries.

1.3 OTHER INDICATORS RELATED TO FOOD AND NUTRITION

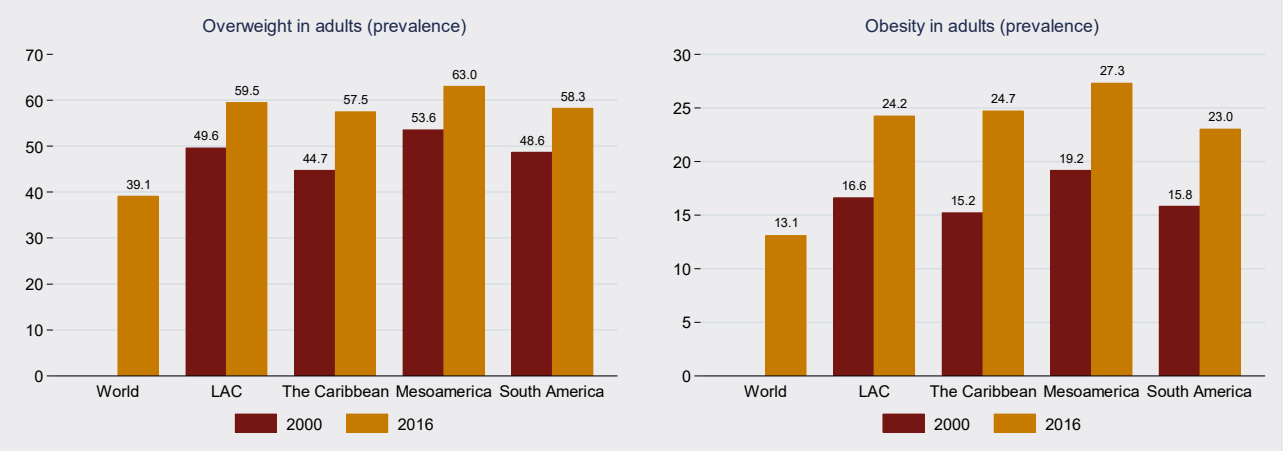
Overweight and obesity throughout the life cycle

Overweight in people over 18 years of age in LAC is 59.5 percent, more than 20 percentage points above the world average. Obesity affects almost a quarter of adults and is also well above the global rate (Figure 13).

Furthermore, between 2000 and 2016, the region's adult population with obesity doubled[5] reaching 106 million. Overweight registered

5 Calculated with data from WHO, 2020 and DAES, 2020.

FIGURE 13
PREVALENCE OF OVERWEIGHT AND OBESITY IN PEOPLE OVER 18 YEARS OF AGE IN LATIN AMERICA AND THE CARIBBEAN AND SUBREGIONS, 2000 AND 2016



Source: FAO, PAHO, UNICEF and WFP, 2019; WHO, 2020; DESA, 2020

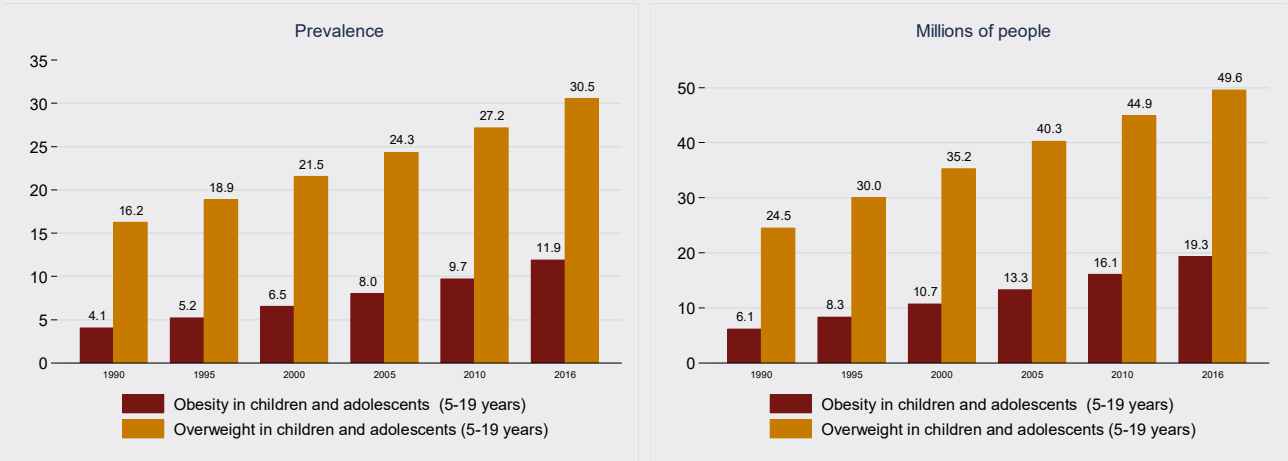
an increase of 10 percentage points, that is, it affected 262 million adults. During this same period, all countries saw significant increases in overweight and obesity. Among them, Haiti stands out, which in 2000 had the lowest rates and in 2016 registered an increase of 17.3 percentage points, the highest in the region. At the same time, the country shows significant prevalence of undernourishment and stunting.

With respect to gender, in all the countries of the region prevalence of obesity in adult women exceeds that of men. In 19 of them, the difference is at least 10 percentage points.

In the case of children and adolescents, overweight affects 50 million and obesity, as in adults, doubled between 2000 and 2016, and now affects more than 19 million individuals.

To guarantee a healthy and active life and prevent all forms of malnutrition throughout the life cycle and reduce morbidity and mortality from NCDs, it is necessary to ensure that food systems promote and allow access to healthy food for the entire population. In addition, they must protect children and adolescent's health by promoting healthy food and discouraging the consumption and manufacture of products with high sugar, fat and salt content.

FIGURE 14
PERCENTAGE AND NUMBER OF CHILDREN AND ADOLESCENTS WITH OVERWEIGHT AND OBESITY IN LATIN AMERICA AND THE CARIBBEAN, 1990-2016



Source: WHO, 2020; DESA, 2020.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CHAPTER 2
FOOD SECURITY AND NUTRITION FOR LAGGING TERRITORIES

CHAPTER 2

FOOD SECURITY AND NUTRITION FOR LAGGING TERRITORIES

In all the countries of the region there are places where the severity of indicators related to nutrition reflects important deficiencies in infrastructure, public services and productive opportunities for the population inhabiting them. These realities impede orderly and sustainable development of these territories and deprive the rest of the country of the benefit and enjoyment of its social, economic, environmental and cultural potential.

The objective of this section is to mobilize political commitment and public attention toward people who live in places that suffer the greatest lags in relation to national food and nutrition indicators.

This analysis uses two indicators of malnutrition included in the second target of SDG2 and for which there is official geographically disaggregated information in a considerable number of countries in the region: prevalence of stunting and overweight among children under five.

2.1 LAGGING TERRITORIES[6] IN LATIN AMERICA AND THE CARIBBEAN IN RELATION TO MALNUTRITION

For this analysis, two levels of lag are defined: low and high, according to the difference in malnutrition indicators of the territory in question with respect to the national average. In this sense, the information presented is related to the levels of lag that the territories present relative to the national reality, and not to a value or standard considered ethically acceptable.

This analysis also does not allow comparison between countries, only between territories within a country. The reason is that, for example, what in a country with high levels of stunting could be considered a low lag, in another, with lower rates of stunting, could be classified as high. What is interesting here is to draw attention to the territorial disparities within each country, the elements that determine them, and what governments can do to reduce these inequities.

6 In this analysis, the concept of territory is limited to an administrative unit smaller than the national one. The broader definition, which includes environmental characteristics and socio-economic or cultural belonging, has been discarded for practical reasons, and because of the limited information available. In any case, it is considered that the level of disaggregation of information used meets the document's main objective to visualize disparities within the countries, as well as the need to design differentiated policies to address the malnutrition of the population living in these territories.

Finally, it is important to clarify that when talking about lagging territories, we refer to those where the manifestation of malnutrition exceeds that of the national average, regardless of the magnitude of the difference. Highly lagging is used to refer to those territories where the malnutrition indicator exceeds the national average by more than one standard deviation.The methodology details can be found in Annex I of this publication.

The information obtained for child stunting allows these classifications to be made for 328 territories in 23 countries in the region. Using the most restrictive measure, that is, classifying as a lagging territory those territorial units where stunting of children under 5 exceeds the country's average by one standard deviation, 17 percent of the territories are classified as lagging. If all the territories where the indicator exceeds the average value are considered, more than 43 percent would be considered lagging.

Specifically, in terms of stunting, there are 55 territories which are highly-lagging and 142 lagging in total. In other words, in highly-lagging territories 27.6 percent of children under 5 are stunted, while in non-lagging territories this percentage is 11.9 percent. There are almost 16 points of difference in stunting levels between highly-lagging and non-lagging territories.

The situation is similar in the case of child overweight, with 311 territories identified in 22 countries. When the strictest measure for classifying lag is applied, in relation to overweight, 17 percent of the territories are lagging. But if the measure of any value over the average is applied, 45 percent of the territories are considered lagging.

Of the 311 territories, 53 are considered highly-lagging, while 141 have at least one low lag. However, when it comes to overweight, there seem to be fewer differences between territories, with a lower dispersion of values than that observed for stunting. For example, among all the countries considered, in highly-lagging territories, overweight in children under 5 is on average 13.1 percent, which is less than 7 percentage points more than non-lagging territories (6.6 percent).

Geographical distribution of the lagging territories

Stunting

Figure 15 shows the geographic distribution of highly-lagging territories in relation to stunting for all of LAC. The image shows that in practically all the countries with available information, there are territories where stunting in children under 5 is much higher than the national average, that is, more than 1 standard deviation.

However, despite this relative homogeneity in the existence of highly-lagging territories among the countries of the region, there is also evidence of a concentration of these territories in the north of Argentina and Chile, in the south of Bolivia and in eastern Paraguay. Something similar is observed in the Amazon, where highly-lagging territories concentrate in northern Bolivia, western Peru, southwest Colombia and eastern Brazil, an area that coincides with the settlement of several indigenous peoples.

Child overweight

It is interesting to note that the geographical distribution of lagging territories is modified when overweight is analyzed in children under 5.

These territories tend to be highly concentrated in the south of Chile and Argentina, in the southwest of Brazil and in the north of Mexico. In addition, it seems that the larger cities and capitals of each country are more affected- the opposite pattern to stunting. Figure 16 shows the geographical distribution of highly-lagging territories due to overweight in children under 5.

What explains the existence of lagging territories in relation to malnutrition

There is ample evidence regarding the main causes associated with the existence of malnutrition. In general, the most lagging territories have not been participants in policies and investments necessary to face them. Difficulties related to income level, access to education and health services, availability and quality of employment or prevalence of adolescent pregnancy, among other conditions, have been found to be largely associated with high levels of malnutrition.

Similarly, limited access to safe water and other hygiene factors such as sanitation services are often associated with higher levels of malnutrition, especially in rural and isolated areas of developing countries. In addition, low diversity and quality of diets, poor nutritional education, and poor child feeding practices, especially during the early years, must also be considered associated factors.

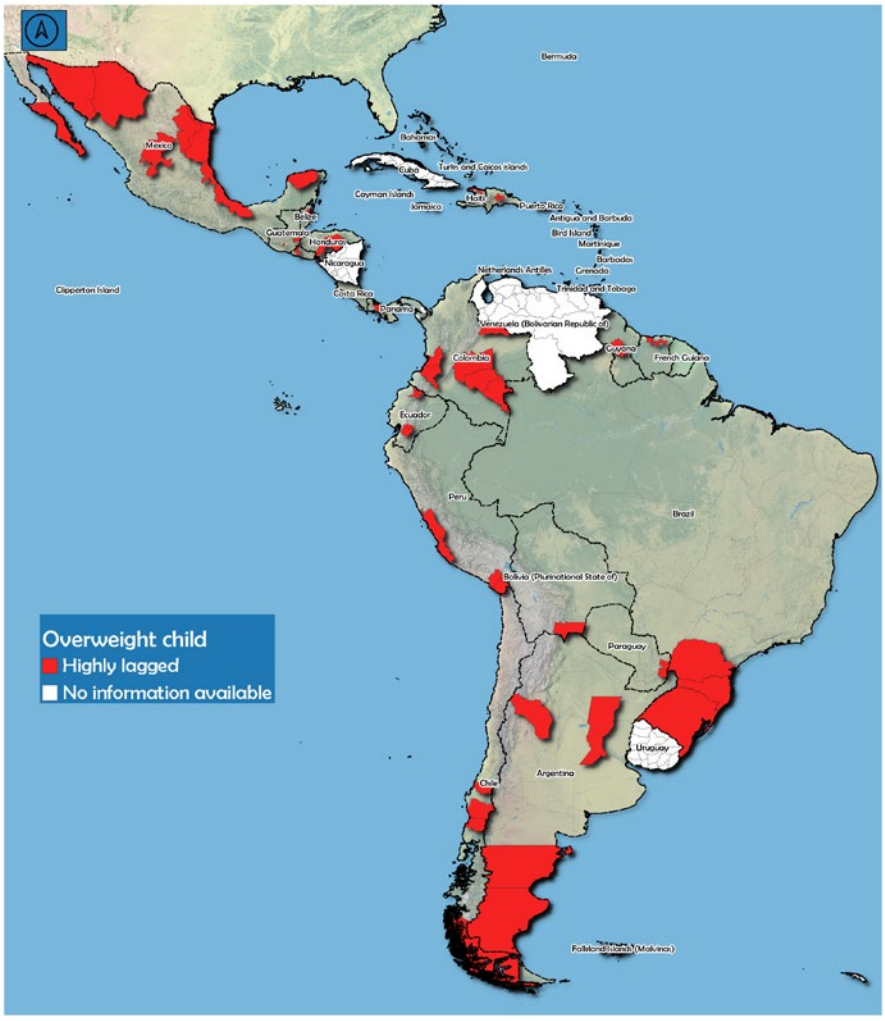
Lack of income (poverty) to access healthy food is repeatedly cited as one of the most important determinants to explain the existence of terrritories that are lagging in relation to malnutrition. Thus, although stunting and extreme poverty are not exactly the same, they are two sides of the same coin.

FIGURE 15
HIGHLY-LAGGING TERRITORIES FOR STUNTING IN CHILDREN UNDER 5 IN LATIN AMERICA AND THE CARIBBEAN[7]

SOURCE: Prepared by the authors based on official information from the countries. ARG (ENNyS, 2005), BOL (EDSA, 2016), CHL (JUNAEB "Mapa Nutricional", 2019), COL (ENDS, 2010), ECU (ENSANUT, 2018), PER (ENDES, 2018), CRI (Censo Escolar de Peso-Talla, 2016), GTM (ENSMI, 2015), NIC (ENDESA, 2012), HND (ENDESA, 2012), MEX (ENSANUT, 2012), SLV (ENS, 2014), PAN (ENV, 2008), SUR (MICS, 2018), JAM (JSLC, 2014), HTI (EMMUS, 2017) and GUY (MICS, 2014).

7 Boundaries shown and names and designations used on the maps in this publication do not imply the expression of any opinion whatsoever by FAO concerning the legal status of any country, territory, city or area, or of its authorities, or concerning delimitation of its borders or limits. Dashed lines on maps represent approximate boundaries for which there may not yet be full agreement.

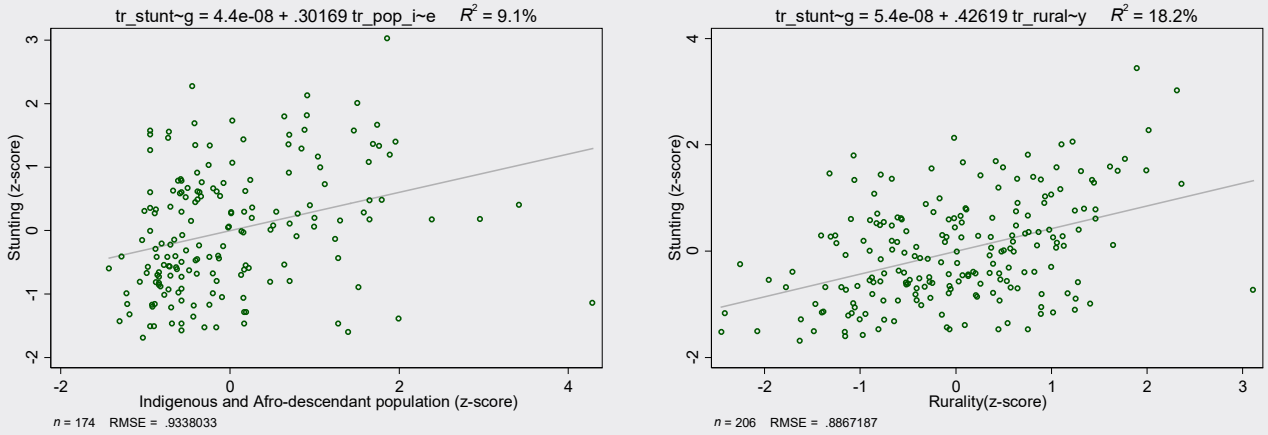
FIGURE 16
HIGHLY LAGGING TERRITORIES IN RELATION TO OVERWEIGHT IN CHILDREN UNDER 5 IN LATIN AMERICA AND THE CARIBBEAN



SOURCE: Prepared by the authorsbased on official information from the countries. ARG (ENNyS, 2005), BOL (EDSA, 2016), CHL (JUNAEB "Mapa Nutricional", 2019), COL (ENDS, 2010), ECU (ENSANUT, 2018), PER (ENDES, 2018), PRY (MICS, 2016), CRI (Censo Escolar de Peso-Talla, 2016), GTM (ENSMI, 2015), SLV (ENS, 2014), HND (ENDESA, 2012), MEX (ENSANUT, 2012), PAN (ENV, 2008), JAM (JSLC, 2014), GUY (MICS, 2014), SUR (MICS, 2018) y HTI (EMMUS, 2017)

Despite this, the existence of lagging territories is not only due to characteristics associated with economic development. The results of the study show that variables such as access to water, rurality, and the proportion of indigenous population may have an important relationship with the levels of stunting observed in LAC territories (see Figure 17).

FIGURE 17
ARE THERE GREATER LAGS IN RURAL AREAS INHABITED BY INDIGENOUS AND AFRO-DESCENDANT PEOPLES?



Source: Prepared by the authors based on official information from the countries.

In general terms, the two variables behave similarly and show a positive association with stunting with similar levels of association. The percentage of indigenous and Afro-descendant population is associated with about 9 percent of the total variation in stunting in the first sub-national territorial units, while levels of rurality explain about 20 percent of the total variation.

A more aggregated analysis of the territories based on their degree of lag in stunting shows that highly lagging territories tend to have lower population densities, lower average schooling, and a lower percentage of the population with higher education (see Table 3). In particular, the population density of highly lagging territories is almost 80 percent lower than that of the territories without a lag. In the same way, in lagging areas average schooling does not reach 8 years, which is more than one year lower than in non-lagging territories. Along the same lines, only 11 percent of population of lagging territories is highly educated (hold a college degree), while this figure reaches 16 percent on average in areas with no lags.

Similarly, labor participation of self-employed workers is higher in the lagging territories, 43 percent of workers (something probably related to informality) and lower levels of paid employment (47 percent compared to 55 percent).

On the other hand, in relation to context variables, in these territories only 66 percent of the population has access to drinking water (almost 15 percentage points less than in non-lagging areas) and more than half of their population cannot satisfy all their basic needs, a figure that in non-lagging territories is less than 30 percent. Similarly, in these areas there are less doctors per inhabitant and a smaller number of health centers. Inequality is slightly higher in these territories, reaching 0.5 (0.4 in non-lagging areas).

Finally, as already mentioned, the results indicate that, on average, lagging territories have twice as much indigenous or Afro-descendant populations as non-lagging ones, representing almost 34 percent of the population (see table 3).

TABLE 3
INDICATORS ASSOCIATED WITH LAGGING FOR STUNTING IN LATIN AMERICA AND THE CARIBBEAN

Indicator	Non-lagging	Lagging	Highly-lagging
Population density (inhabitants per km2)	427.4	85.6	97.0
Rurality (%) 25.5	25.5	34.5	43.3
Average age	30.4	29.4	28.3
GDP per capita (US$ 2019)	8,174	8,124	5,982
Poverty (%)	29.2	42	52.2
Extreme poverty (%)	9.3	14.4	21.2
Average schooling	9	8.4	7.8
Population with higher education (%)	16	13.5	11.1
Labor participation (%)	58.5	60.2	58.9
Unemployment (%)	5.4	4.7	3.8
Female participation in the labor market (%)	39.3	38.7	37.1
Paid workers (%)	55.5	42.6	46.9
Self-employed workers (%)	31.3	37.8	42.9
Agricultural workers (%)	11.6	10.9	20.3
Indigenous and Afro-descendant population (%)	12.5	19.6	33.9
Population with access to drinking water (%)	79.3	75.6	65.5
Health centers available per inhabitant (number)	232.6	243.5	226.4
Population with unsatisfied basic needs (%)	29.7	34.7	47.5
Doctors per 1,000 inhabitants	1.4	1.2	1.1
Household income inequality (Gini index)	0.4	0.4	0.5
Adolescent pregnancy (%)	14.1	17.4	15.7
Number of territories	185	87	55

NOTE: Data correspond to the average of countries with available information for the indicator in question. Not all countries and territories have information for each indicator. As an example, the average GDP per capita has been calculated with data from the territories of Argentina, Bolivia (Plurinational State of), Colombia, Chile, Mexico and Peru, while unsatisfied basic needs have been calculated with data from Argentina, Bolivia (Plurinational State of), Colombia, Guatemala, Honduras, Panama and Peru.

SOURCE: Prepared by the authors based on official information from the countries.

Regarding childhood overweight, the trends are less clear. Unlike the pattern for stunting, this can be interpreted as the presence of a more general problem. That is, although there may be determinants that affect the prevalence of overweight in specific areas, its manifestation is more transversal and responds in a lesser extent to income levels, poverty, level of rurality and other characteristic indicators of the different territories.

Table 4 shows a summary of the indicators associated with childhood overweight. Showing the opposite pattern to stunting, lagging territories tend to be more urban (the percentage of rural population is 24 percent compared to 35 percent in non-lagging areas), have a greater number of average years of schooling, lower poverty and higher income. As an example, the average schooling in lagging areas is 9.2 years, while in areas where overweight is below the average this indicator is 8.4. Also, poverty and extreme poverty are lower in these territories, with 32 percent and 7 percent of the inhabitants of lagging territories, respectively. By contrast, poverty affects 40 percent of the population of the territories not lagging in overweight, and extreme poverty, affects almost 15 percent.

TABLE 4
INDICATORS ASSOCIATED WITH LAG IN OVERWEIGHT IN CHILDREN UNDER 5 YEARS IN LATIN AMERICA AND THE CARIBBEAN

Indicator	Non-lagging	Lagging	Highly-lagging
Population density (inhabitants per km2)	178.8	390.7	313.5
Rurality (%)	35.3	28.2	24
Average age	29.1	30.3	30.5
GDP per capita (US$ 2019)	6,926	8,640	9,048
Poverty (%)	39.9	34.2	31.6
Extreme poverty (%)	14.8	12.9	7.3
Average schooling	8.4	8.7	9.2
Population with higher education (%)	13.6	15.2	16
Labor participation (%)	59.7	57.4	60.6
Unemployment (%)	4.8	5.2	4.9
Female participation in the labor market (%)	38	38.6	42.5
Paid workers (%)	44.3	57.6	58.6
Self-employed workers (%)	38.7	31.3	30.9
Agricultural workers (%)	14.2	12.7	9.9
Indigenous and Afro-descendant population (%)	20.5	15.1	18.1
Population with access to drinking water (%)	72.7	78.5	80.9
Available health centers (number)	244.6	208.6	243.1
Population with NBI (%)	38.6	29.5	28.6
Doctors per 1,000 inhabitants	1.3	1.1	1.7
Household income inequality (Gini index)	0.4	0.4	0.4
Adolescent pregnancy (%)	16.8	14.7	12.4
Number of territories	170	88	53

NOTE: Data correspond to the average of countries with available information for the indicator in question. Not all countries and territories have information for each indicator. As an example, the average GDP per capita has been calculated with data from the territories of Argentina, Bolivia (Plurinational State of), Colombia, Chile, Mexico and Peru, while NBI have been calculated with data from Argentina, Bolivia (Plurinational State of), Colombia, Guatemala, Honduras, Panama and Peru.

SOURCE: Prepared by the authors based on official information from the countries.

Indicators associated with overweight suggest that this problem is mainly related to urban lifestyles, completely the opposite to the case of stunting. For example, labor participation (61 percent), female participation in the labor market (43 percent) and the percentage of paid workers (59 percent), are higher in the areas most affected by overweight and all of them are indicators usually associated with development. Similarly, the proportion of agricultural workers is lower: less than 10 percent in highly lagging areas and more than 14 percent in those with no lag in relation to overweight.

In relation to context indicators, more than 80 percent of the population in lagging areas has access to drinking water (72 percent in non-lagging areas) and less than 30 percent have unsatisfied basic needs (almost 40 percent in non-lagging areas). Again, this coincides with higher income and development in areas that are highly lagging in overweight. In terms of the number of health centers available, no major differences are observed, but there are differences in the number of doctors per 1,000 inhabitants, which are concentrated to a greater extent in territories lagging in relation to child overweight.

Finally, and again, unlike the case for stunting, there are no great disparities between the percentages of indigenous and Afro-descendant population. The average percentage in highly lagging territories is 18.1 percent and in territories where overweight is lower than the national average it is 20.5 percent.

Main determinants of the double burden of malnutrition in lagging territories

In LAC it is possible to find territories lagging in both stunting and overweight. Of the sample of territories considered, five of them present a high lag in both stunting and overweight in children under 5. These territories are found in Colombia (Cauca and Vaupés), Guyana (Potaro-Siparuni), Panama (Comarca Ngäbe-Buglé) and Trinidad and Tobago (South West), all with a high proportion of indigenous and Afro-descendant population, high levels of rurality, poverty, less schooling, higher levels of unemployment, and a larger population with unsatisfied basic needs. That is, they are territories with characteristics mainly associated with areas with the greatest lag due to stunting, but nevertheless face the double burden of malnutrition, by simultaneously having high rates of overweight compared to national average.

If all the territories with some degree of lag in stunting and child overweight are considered, the number of territories with double burden is 53. In other words, almost one out of every five LAC territories suffers from the double burden of malnutrition at some level, whether with low or high levels of lag. And one in two territories has at least one lag, either relative to stunting or overweight.

2.2 POLICIES TO ADDRESS MALNUTRITION IN LAGGING TERRITORIES OF LATIN AMERICA AND THE CARIBBEAN

This last section is intended to highlight some of the main policies that LAC countries are developing to address hunger, food insecurity, and malnutrition in all its forms.

Specifically, policies with a territorial approach aimed at addressing the specific needs of lagging areas. This section includes policies specifically targeted at the most vulnerable groups, as well as other general policies for the entire population that are considered essential due to their scope and results.

Below, based on the different analyses of the causes and determinants of food insecurity and malnutrition as seen in section 2.1, three types of policy measures are proposed to address malnutrition in lagging territories (see Table 5).

TABLE 5
POLICIES TO ADDRESS MALNUTRITION IN LAGGING TERRITORIES OF LATIN AMERICA AND THE CARIBBEAN

Measures to improve and promote economic access to adequate food in lagging territories	Measures to improve production and physical access to food that promote adequate nutrition in lagging territories	Measures to improve the use and quality of food in lagging territories
▸ Social protection systems ▸ Support for farmers' livelihoods ▸ Decent employment	▸ Sustainable and nutrition-sensitive agriculture and value chains ▸ School feeding programs (SFPs) ▸ Short commercialization circuits	▸ Policies to promote maternal and child nutrition ▸ Complementary feeding ▸ Water, sanitation and hygiene ▸ Communication for social and behavioral change in order to reduce barriers to accessing adequate nutrition ▸ Quality of food consumed outside the home

The full version of this publication presents various examples of programs that countries are developing in each of these three policy areas.

Measures to improve and promote economic access to adequate food in lagging territories

This first group of policies to address all forms of malnutrition in the highly lagging territories, includes those which aim to ensure that people have economic access to the food they need for adequate nutrition; In other words, those policies which aim to ensure that people have enough income for the stable consumption of diversified, nutritious, and quality food.

Social protection systems

Social protection is a key strategy for tackling poverty and malnutrition. To maximize its contribution to the social and economic inclusion of populations living in highly lagging territories, adjustments must be made in its design and implementation.

It is important to expand coverage and access to social protection systems. In order to respond to the particular needs of the livelihoods of the populations of highly lagging territories, both urban and rural, it is necessary to adapt their design. Specifically, in order to address all forms of malnutrition, it is essential to design nutrition-sensitive programs that provide better access to nutritious food for lower-income consumers and increase affordability of healthy eating for this population. Likewise, it is necessary to articulate social protection with strategies for productive and economic inclusion, allowing families to protect their income and food security in both rural and urban areas. Finally, these systems must guarantee the basic well-being of the population in times of crisis. At the same time, they must strengthen their preparedness to deal with future difficulties. For this, it is important to adopt measures that incorporate an approach which is adaptive to climate change and reactive to emergencies.

Support for farmers' livelihoods

Family farming is one of the main sources of income and food for people who live in highly lagging rural territories. It is estimated that two thirds of the region's family farmers face serious limitations that prevent them from ensuring a minimum income and adequate access to food. These include lack of articulation to markets, infrastructure deficits, limited access to financial and non-financial assets and rural services, among others. Because of this, family farmers face high levels of hunger, food insecurity and malnutrition. Supporting the livelihoods of family farmers is a key measure to ensure their economic access to adequate food.

Likewise, diversification of production is a key element to guarantee food security and nutrition, as well as to conserve and protect natural resources. In addition, a varied consumption of different food types such as cereals, legumes, fruits, vegetables and animal products contributes to improve the nutritional results of the population. The genetic diversity of different varieties, races and species is key given that they contribute macronutrients, micronutrients and other bioactive compounds to the population's diet.

Furthermore, improving access to finance is a key factor for rural and urban development. However, a significant portion of the region's rural population — mainly made up of poor rural households and small and medium-sized agribusinesses— faces restricted access to financial services.

Decent employment

The generation of decent employment is a key strategy to promote economic access to food and contribute to household food security in highly lagging territories. In general, women and men living in poverty rely solely on their work for income. For this reason, a quality employment allows families a more stable consumption and a better quality of life.

It is essential to promote the generation of rural non-agricultural employment (RNAE), as well as to implement strategies to create decent employment opportunities in peripheral urban areas, which concentrate high percentages of poverty. In addition to promoting employability, these policies should seek to improve markets and job opportunities for rural and urban poor. At the same time, it is necessary to strengthen labor market institutions with the aim of adapting social security schemes and designing

labor market policies and interventions appropriate to the working conditions in lagging territories.

Measures to improve production and physical access to food that promote adequate nutrition in lagging territories

The region has enough food to feed its entire population. However, not everyone has the quantity and diversity of food necessary to ensure an adequate diet. This is especially relevant in certain territories (rural and urban) that show high levels of stunting and child overweight, where stable access to nutritious, diversified and quality food represents a challenge.

Below a number of policy measures to address these challenges are presented.

Sustainable and nutrition-sensitive agriculture and value chains

Improving physical access to foods that promote adequate nutrition requires the implementation of policy options and incentives that promote nutrition-sensitive agricultural production. Investments that support the production of varied and nutritious food are essential to provide greater access to adequate food in poor rural settings. The production of diverse foods in peri-urban and urban environments also be promoted. Rapid urbanization and urban poverty require strategies that ensure adequate food supply and distribution systems to address urban food insecurity rates and adverse consequences on the population's food and nutrition.

Promoting productive initiatives in favor of a healthy and sustainable diet addresses the different forms of malnutrition, while integrating a sustainability approach.

School feeding programs (SFPs)

School feeding programs (SFPs) are multisectoral policies that can contribute to different strategic areas, including education, health, agriculture and territorial development. In addition, they are cross-cutting policies aimed at tackling poverty and can promote the development of children and adolescents, improve eating habits, guarantee access to healthy food, while promoting a more inclusive development of the local economy when it is linked to purchase of food from family farming.

This type of program benefits an average of 37 percent of the population living in poverty. According to the World Bank, SFPs with the highest coverage of poor people are found in Bolivia (73 percent coverage), El Salvador (69 percent), Nicaragua (67 percent) and Honduras and Panama (66 percent). Currently, almost all the countries in the region have school feeding programs, and approximately 85 million children receive some type of school feeding (breakfast, snack, lunch or a combination of these), with an approximate annual investment of US$ 4.3 billion, usually from national budgets.

Short commercialization circuits

Developing different short commercialization circuits —bringing producers and consumers closer together, reducing intermediation or promoting agreements between producers and sales chains— is an important measure to improve access to food and promote healthy habits. In addition, these types of policies contribute to improve both producers' income´s and the food security and nutrition of the population.

Short commercialization circuits are important to maintain value within territories[8], since they generate jobs, capture value from intangible assets (brand, territorial anchorage), improve resilience of territories and enhance equity. Moreover, they are especially relevant for the promotion of sustainable food systems and nutrition-sensitive value chains.

Measures to improve the use and quality of food in lagging territories

This group of policies to address all forms of malnutrition in highly lagging territories, identifies those whose objective is to ensure

8 However, this requires the mobilization of greater investment in these territories, both public and private.

adequate care and nutrition practices, healthy consumption habits, and a healthy home environment and appropriate health services.

Policies to promote maternal and child nutrition

Maternal and child nutritional interventions have focused on the first 1,000 days of the child's life, since this is the period identified as an opportunity to prevent infant morbidity and mortality and ensure adequate growth. During this period, children have higher nutritional needs for their growth and development, and if they are not met, stunting can be irreversible. Proper nutrition for the first 1,000 days is also important to prevent overweight and non-communicable diseases (NCDs). Therefore, interventions to improve infant and child feeding are a cornerstone of maternal and child nutritional interventions.

Complementary feeding

Breast milk can exclusively meet the energy and nutrient requirements of an infant until they are around six months old. After six months It is specifically recommended to continue breastfeeding on demand, with frequent feedings, up to 2 years of age or more, and to offer varied and nutrient-rich foods[9], starting with small portions and gradually increasing the amount and frequency. A child's diet between 6 and 23 months can be one of the main risk factors for being overweight.

In LAC, almost half of the babies between 4 and 5 months and about 15 percent of babies between 2 and 3 months are already receiving food. Regarding dietary diversity, data for the region are more encouraging. 60 percent of children between the ages of 6 and 23 months consume food from at least five of the eight food groups.

When it comes to commercial foods for babies and young children, their worldwide sales have grown in recent years and there is great concern about the damage they can cause during the first years of life: high levels of saturated and trans fats, free sugars and salt in some products can predispose children to suffer NCDs and shape their food preferences and habits throughout their lives.

Water, sanitation and hygiene

Inequalities in sanitation and drinking water can still be observed in the region. In addition, there are large inequalities in access to improved sanitation and clean water. In LAC, drinking water and sanitation coverage is considerably lower for the poorest households, particularly for indigenous peoples.

Poor access to water, sanitation and hygiene can lead to serious nutritional problems, whether through diarrhea, infections or environmental enteropathy. All of them affect the absorption of nutrients and put the population's health at risk, especially that of the most vulnerable groups, in this case children.

Communication for social and behavioral change to reduce barriers to accessing adequate nutrition

In the last 20 years, the region has made significant progress in reducing malnutrition. However, the poorest families still spend most of their income on food, and overweight and obesity are on the rise in most countries. Barriers to accessing foods that promote adequate nutrition are rooted in both structure and social norms, power relations and practices.

Communication strategies (social marketing, engagement, communication for social and behavioral change) can help to generate new "norms" and promote positive changes in food environments and food-related decisions.

Quality of food[10] consumed outside the home

Food consumed outside the home accounts for a growing share of global food consumption, due to factors such as increasing urbanization, female participation in the labor market and innovations in food marketing, distribution,

9 UNICEF and WHO recommend that children at this age eat a minimum of five out of eight food groups.

10 Quality foods are understood to be those that promote a diversified, balanced and adequate diet, providing energy and essential nutrients for development and leading a healthy and active life.

processing and preservation. People who live in territories that are highly lagging in relation to child overweight are generally in the middle and low quintiles according to their income, and live in cities or urban settings. Frequently, the time and distance required to travel from their homes to their workplaces leads to a greater consumption of food outside the home, from food stalls at affordable prices that is usually of low nutritional quality, which can lead to overweight and obesity.

In the Region, the purchase of street-vended food represents between 20 and 30 percent of urban family spending and is an important source of employment. Furthermore, street vending is an important source of income for women, who represent between 70 and 90 percent of vendors.

2020

REGIONAL OVERVIEW OF FOOD SECURITY AND NUTRITION IN LATIN AMERICA AND THE CARIBBEAN

FOOD SECURITY AND NUTRITION FOR LAGGING TERRITORIES

IN BRIEF

During 2019, 7.4 percent of the population in Latin America and the Caribbean (LAC) lived in hunger, which is equivalent to 47.7 million people. The situation has been deteriorating over the past 5 years, with an increase of 13.2 million undernourished people. If this trend continues, the possibility of meeting the Zero Hunger target of Goal 2 (SDG2) of the Sustainable Development Goals (SDG) will be even further away. It is estimated that, in 2030, hunger will affect 67 million people in the region, a figure that does not take into account repercussions of the COVID-19 pandemic.

The population affected by food insecurity in Latin America has continued to increase over the past 5 years. In 2019, almost a third of the population, or 191 million people, were affected by moderate or severe food insecurity.

In the region, child stunting is decreasing and overweight in children under 5 is increasing. Recent information on malnutrition in the region's countries shows that nearly one in every 5 territories is lagging in relation to either stunting or overweight in children under 5.

The highest lags in relation to stunting are found in rural areas. These territories have high levels of poverty, low income, low schooling rate, a higher presence of informal employment, less access to services and a higher proportion of indigenous and Afro-descendant population.

Overweight in children under 5 seems to be geographically distributed in a more homogeneous way. However, highly lagging territories tend to be concentrated in urban areas, with higher incomes, lower poverty, greater access to services and more formal labor.

Although the real dimension of the impact of the coronavirus pandemic is still unknown, it threatens to widen these differences and the gaps between lagging and non-lagging territories. The pandemic hits the most vulnerable populations and territories particularly hard, where there are a greater number of informal jobs, incomes are lower and healthy food is scarce.

Addressing the problem of food security and nutrition in lagging territories requires multidimensional interventions that address the various causes of malnutrition in an integrated manner, and that offer a coordinated response across various dimensions of development. This Regional Overview describes some of the main policy interventions that are being carried out in the region within three groups of measures focused on: 1) improving and promoting economic access to adequate food, 2) improving physical access to food and the production of food that promotes adequate nutrition, and 3) improving food use and quality.