PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

# 47th DIRECTING COUNCIL

**58th SESSION OF THE REGIONAL COMMITTEE**

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## REGIONAL STRATEGY AND PLAN OF ACTION ON NUTRITION IN HEALTH AND DEVELOPMENT, 2006-2015

In order to support the Region's commitments to global, regional, subregional and national goals that address current development challenges, PAHO is launching the Regional Strategy on Nutrition in Health and Development 2006-2015. The Strategy aims at improving nutritional status throughout the life course, especially among the poor and other vulnerable groups, through strategic collaborative efforts among Member States and other partners. One line and two sublines of action, and five strategic areas are proposed to ensure the achievement of measurable results. The Plan of Action will be tailored to country needs and capabilities, focusing on the most excluded population groups.

The Directing Council is requested to: (a) approve the Regional Strategy on Nutrition in Health and Development; (b) consider ways in which the Member States could formally adopt the Strategy and make a commitment to undertake its dissemination and evaluation, highlighting the progress made in each line of action; (c) advise the Secretariat on how best to follow up on progress in implementing nutrition-promotion initiatives and mobilize the necessary resources to improve nutritional status in the Region; and (d) consider the attached resolution proposed by the Executive Committee.

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## Introduction

1. This Strategy expresses the commitment of the Region of the Americas to address food and nutrition issues in order to raise standards and assist in attaining the health and development goals of the Region. This Strategy is based on three inescapable realities: first, nutrition is a developmental issue, in that nutrition interventions generate some of the highest returns on development investments, and the dual burden of disease due to persistent malnutrition and emerging obesity problems, places enormous demands due to high costs to society in terms of direct and indirect losses of productivity, as well as rising costs of treatment. Second, malnutrition due to deficiencies and to excesses is strongly correlated with social and economic inequalities in the developing world. Finally, the mainstreaming of nutrition in health and development entails that the Strategy will be comprehensive and holistic, incorporating biological and social determinants through a multisectorial response that needs to be at the center of the nexus of government, the private sector, civil society and international cooperation efforts.

2. Seven of the Millennium Development Goals (MDG's)—to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, ensure environmental sustainability, and combat HIV/AIDS, malaria and other diseases—are directly related to nutrition. The Member States of the Region of the Americas through their commitment to the achievement of the MDG's have agreed to cut extreme poverty as a central objective for human development.

### *Nutrition and National Development*

3. Healthy child growth and development is the basis of human development. Malnutrition has a negative impact on economic and social development and perpetuates poverty through direct losses in productivity; indirect losses from poor cognitive function, poor child development and deficits in schooling; and losses due to increased health care costs. Precise regional estimates are not available; however, the health costs and social burden of caring for the millions of people suffering from nutrition-related diseases are likely to be exorbitant. Losses in gross domestic product (GDP) due to malnutrition are estimated at 3%[1], and productivity losses to individuals amount to some 10% of lifetime earnings. Reputable studies have concluded that nutrition interventions generate some of the highest returns on development investments. Prevention for all forms of malnutrition is therefore fundamental.

[1] IFPRI. *Nutrition and Poverty*, Brief # 8 in series: Nutrition: Making the Case. Washington, D.C.; 2002

### *Inequities and Malnutrition*

4. The Region of the Americas has the highest level of inequality in the world. In Latin America and the Caribbean there are noticeable socioeconomic and ethnic disparities among subregions and countries, within nations, and among population groups. Poverty in the Region is estimated to affect 213 million people[2]. While some studies show that the prevalence of stunted children in poor households is three to ten times higher than in better-off households[3], others estimate that underweight rates of preschool children are highly correlated with low per capita income[4]. Additionally, obesity and related chronic non-communicable diseases are growing rapidly in the Region and affecting predominantly the poor, creating a double burden in many countries.

### *Global/Multisectoral Context*

5. Governments are weak in their regulatory and promotional role to support healthy diets and active lifestyles. Many factors affecting inequity in nutrition outcomes in the Americas are not directly related to the health sector: education, water, transportation, agricultural, food, and employment policies, among others. The challenge of improving health and nutrition in the Americas has to consider the globalization process, and the historical and specific multisectorial conditions at the country level.

6. Health and nutrition must be integral components of the policies and strategies of various sectors. The interdependence among nutritional status, disease management and social development needs to be acknowledged among decision makers of various sectors in the Region. Stronger linkages not only with the health sector but also with agriculture, education, food industry, trade and environment would contribute to sustainable human development through enhancing the health and nutrition status in the people of the Americas. The promotion of synergic sectoral policies with a strong nutrition perspective will enhance efficiency and cost-effectiveness toward the improvement of nutrition. Key policies to enhance food access, food safety, nutrition education and information, physical activity and reduce inequality in access to health services, among others, are considered.

## Situation Analysis

7. The basic malnutrition problems in the Region are infant underweight and stunting, micronutrient deficiencies, and overweight/obesity in the general population,

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[2] Economic Commission for Latin America and the Caribbean (ECLAC). *Panorama Social de América Latina y el Caribe-2005.* Santiago de Chile, 2005.

[3] Pan American Health Organization. *Health in the Americas,* 2002 edition. Washington D.C.: PAHO

[4] Haddad, L., H. Alderman, S. Appleton, L. Song, and Y. Yohannes. 2003: *Reducing child malnutrition: How far does income growth take us?* Worl Bank Economic Review, 17 (1): 107-131.

affecting approximately 140 million people. Most countries face a double burden of disease with the coexistence of obesity and undernutrition jeopardizing efforts to achieve development goals. This double burden of disease places enormous demands both on governments, on account of the high cost of treatment, and on individuals and families, resulting in higher costs to society in terms of disability days and loss of quality of life. The poor are more affected than the wealthy both in relative and in absolute terms. In addition, suboptimal nutrition in all its forms, including micronutrient deficiencies, seriously compromises the efficacy of other social and economic interventions owing to its direct impact on the immune system, and increases the risk of disease, disability and death. Underweight and stunting are major determinants of infant and child mortality. Table 1 shows the challenges in the Region.

**Table 1**

- Population of Latin America and the Caribbean: 561 million (2005).
- 1 out of 5 children under the age of 5 already has a nutritional impairment: 11 million.
- 3 out of 10 children under the age of five suffer from iron deficiency anemia: 16 million.
- 32 million between the ages of 5and 14 suffer iron deficiency anemia.
- 4 out of 10 pregnant women have anemia: 5 million (29 million women of reproductive age).
- 1 out of 10 children have subclinical vitamin A deficiency.
- 47.4 million individuals and 7.1 school-age children are affected by iodine deficiency.
- Between 2 and 6 out of 10 adults suffer from overweight or obesity: 53 million.
- 3,300,000 people have HIV infection.
- 53 million people are still food-insecure (limited access to basic food basket, poor in both quality and quantity).
- Childhood and maternal underweight alone are responsible for 4.6 million disability -adjusted life years (DALYs).
- Nutrition-related risk factors for chronic disease are responsible for a large share of the disease burden of 12.5 million disability adjusted life years.

8. Limited access to enough food in order to meet energy requirements affects about 53 million people[5]. Poor dietary quality, alone and in association with infectious diseases, is a determinant of growth failure, cognitive and intellectual impairment and other deficiencies. Maternal nutrition during the reproductive period is essential to infant and young child nutrition. Breastfeeding merits special recognition because of its short- and long-term effects on maternal and infant health and nutritional status. Its benefits during infancy and early childhood in all socioeconomic groups are indisputable in the Region. Critical to children's health and physical growth are inadequate complementary feeding practices, particularly between the ages of 6 and 24 months, when children start eating family foods to complement breast milk. Reduced access and consumption of micronutrient-rich foods are responsible for the high prevalence of anemia in women and children in the Region.

[5] FAO. *The State of Food Insecurity in the World – 2004.* Rome; 2004

9. In rural and poor urban areas, overweight and obese parents, often suffering from specific deficiencies such as iron, calcium, folate, and zinc, are frequently found to have stunted and anemic children. The rise in obesity and non-communicable diseases in the Americas is linked to poverty, inadequate diets, and sedentary lifestyles. The failure to achieve even the minimum recommended levels of physical activity is also a matter for concern. A dominant dietary pattern of over-consumption of high-energy foods is commonly associated with low micronutrient intake and a downward trend in the consumption of fruit, vegetables and whole grains. Increased consumption of foods that are rich in saturated fats, sugar and salt is linked to lower prices of processed foods, new marketing strategies and to changes in diet from traditional to processed foods. Home food production practices have also been reduced. The enrichment of processed foods also needs to be reviewed in relation to obesity. Obesity is both a disease in its own right, and an important risk factor for many non-communicable chronic diseases (NCD) such as type 2 Diabetes Mellitus, hypertension, ischemic heart diseases, stroke, specific types of cancer (breast, endometrial and colon), other diseases such as gallbladder disease and osteoarthritis, among others. The factors mentioned above, when associated with a sedentary lifestyle, play a large part in onset of the NCD epidemic in adulthood.

**A Framework for PAHO's Strategy**

10. The Strategy is guided by a number of mandates and earlier strategy documents, in particular the Strategic Plan for the work for the Pan American Sanitary Bureau, 2003-2007, and the principles of Equity in Health and Pan Americanism. Others include the WHO Global Strategy on Diet, Physical Activity, and Health; the WHO Global Strategy for Infant and Young Child Feeding; the PAHO/WHO Dietary Recommendations and Food-based Dietary Guidelines; and the WHO/FAO Global Fruit and Vegetables Promotion Initiative; the Initiative for Food and Nutritional Security Supported by the Central American Presidential Summit; the Report of the Caribbean Commission on Health and Development; Canada's mandate of the Centre for Health Promotion of the Public Health Agency; the Strategy for the Prevention and Control of Noncommunicable Diseases for Barbados, and other sub regional and national initiatives.

11. Given the magnitude of the food and nutrition problem in the Region, and the fast demographic, social, institutional and epidemiological changes that have been taking place, PAHO's fundamental role is to support Member States responses to review, analyze and act upon changes in multisectorial enabling environments that are conducive to healthy behavior and care practices that may address trends in nutritional status.

12. The implementation of the Strategy will be exposed to diverse challenges and critical issues. To ensure coherence, a lifestyle and life-course approach will be adopted; recognizing the interactive and cumulative impacts of social and biological influences throughout life, in particular the importance of early life factors (in utero and early

childhood) and their influence on child growth and development and on chronic diseases in adulthood.

13. The Strategy must be comprehensive and holistic, incorporating both biological and social determinants of nutrition in a context of increased poverty and inequity at the regional, and subregional levels. PAHO will promote a multisectorial and multidisciplinary response on the part of government, private sector, civil society and international cooperation efforts. Mainstreaming nutrition in health and development and the establishment of sound and effective relations with public and private institutions will be a major challenge.

14. Specific evidence-based interventions are already available such as the promotion of optimal breastfeeding and complementary feeding practices, staple and targeted food fortification, micronutrient provision, immunization, safe motherhood, promotion of economic and healthy foods, among others.

15. The Strategy will provide a renewed approach to general health care and health promotion initiatives to widen choice opportunities among different population groups. The Strategy will use existing initiatives such as healthy and productive municipalities, reduction of maternal mortality, and integrated management of childhood illness, among others. The Strategy will establish strong linkages with the Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health for effective internal collaboration and to effectively contribute to improve nutrition, as well as with other available strategies, when pertinent.

**The Strategy**

16. The principles guiding the design of the nutrition strategy are that of the life course approach, enabling policy environments at all levels, health promotion, primary health care, and social protection. This Strategy encompasses five interdependent strategic areas: (a) Development and Dissemination of Macropolicies Targeting the Most Critical Nutrition-related Issues, (b) Strengthening Resource Capacity through the Health and Non health Sectors Based on Standards, (c) Information, Knowledge Management and Evaluation Systems, (d) Development and Dissemination of Guidelines, Tools, and Effective Models, and (e) Mobilizing Partnerships, Networks, and a Regional Forum in Food and Nutrition.

17. The five interdependent strategic areas will ensure the achievement of measurable results at the regional, subregional, national, and subnational levels, all of which are consistent with PAHO's strategic orientations. The Strategy will focus interventions on the most vulnerable population groups, tailored to specific country needs.

***Development and Dissemination of Macropolicies Targeting the Most Critical Nutrition-Related Issues***

18. Nutrition-relevant public policies will be assessed with a view to identify and improve their contribution to optimal nutrition, healthy eating, physical activity, and overall health outcomes. The Strategy seeks to have an enabling institutional environment to ensure optimum nutrition. This will entail action at various levels, to include the international, regional, subregional, national and subnational, in a synergistic way, to move the nutrition agenda forward within the health sector and across sectors. The challenge is to increase the adoption of new legislative, organizational frameworks to improve nutrition, to strengthen the regulatory and promotional role of Member States as supported by verifiable evidence and expert consensus taking into account economies of scale and governmental financial capabilities. Promotion of sharing country experience from multisectorial intervention models such as "Fome Zero" in Brazil[6], "Oportunidades" to reduce poverty in Mexico[7] or Health Promotion Policy to combat obesity in Chile[8] will be fostered through regional and subregional working groups and networks.

19. PAHO will identify and examine effective policies, programs and interventions that have positively improved nutrition outcomes. More broadly, it will promote the adoption and implementation of food and nutrition security legislation, policies and programs that address the underlying determinants of poor nutrition, the inclusion of nutrition considerations in poverty-reduction and sector-reform strategies, and the regulation and monitoring of foods and their constituent ingredients. The challenge is to provide strategic, technical, and operational support to establish nutrition as a visible priority in the national political agenda within a human development perspective.

***Strengthening Resource Capacity through the Health and Nonhealth Sectors Based on Standards***

20. In strengthening health systems (services and environmental factors), the Strategy will endorse and encourage scaling-up of services for the provision of quality comprehensive preventive health and nutrition care, and essential nutrition actions integrated into health systems[9] with emphasis on maternal and child care, nutrition in adolescents, in the elderly, in patients with HIV/AIDS; and innovative supplementation

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[6] Belik, W, Del Grossi, M, O Programa FOME Zero No Contexto Das Politicas Sociaias No Brasil, 2003

[7] Programa de Desarrollo Humano - Oportunidades. Plan Nacional de Desarrollo 2001-2006, México

[8] Vio, Fernando and Uauy, Ricardo. 2005. The Public Policy Response to Epidemiological and Nutritional Transition: The Case of Chile. In: Nutrition and an active life: from knowledge to action. Washington, D.C.: PAHO, 2005. (Scientific and Technical Publication No. 612)

[9] Van Roekel, K. and B. Plowman, M. Griffiths, V. Vivas de Alvarado, J. Matute, M. Calderón. BASICS II. Midterm Evaluation of the AIN Program in Honduras, 2000. Published by the Basic Support for Institutionalizing Child Survival Project (BASICS II) for USAID, Arlington, Virginia, July 2002.

and fortification initiatives to address micronutrient deficiencies. It will also promote the expansion of consolidated models to correct suboptimal nutrition, micronutrient deficiencies, and obesity in vulnerable groups. Most importantly, it will tackle missed opportunities by addressing risk factors for optimal growth[10] and development within existing maternal and child health care initiatives. The challenge is to strengthen the delivery of effective nutrition and health care (prevention and treatment) through existing health systems. Through this strategic area the role of primary health care in promoting healthy eating and detecting overweight for the prevention of obesity will be emphasized, as well as the strengthening of health promotion initiatives in the education sector as effective tools to fight over nutrition: the provision of technical cooperation for the management of obesity and nutrition related chronic diseases will count on the Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health.

21. In building multisectoral national and local capacity on the basis of a risk-factor approach, technical cooperation will foster and support the management of proven best practices that build enabling conditions for good nutrition. Priority should be given to the areas of food access and consumption, food and nutrition education, good manufacturing practices, and environmental and sanitation initiatives. Multisectorial audiences include community leaders and civil society, governments and private sector. Civil society will make emphasis on women and youth groups promoting their active role in community interventions and in governance at local level. Effective coordination with other agencies will be required to avoid duplicity of actions and to guarantee efficient use of resources. The challenge is to increase the capacity of personnel in sectors other than health to design and evaluate the application of public policy frameworks, and to design, implement and evaluate effective performance-based interventions in relation to progress of nutrition outcomes.

***Information, Knowledge Management and Evaluation Systems***

22. Timely and accurate health and nutrition data and information is essential for policy-making, planning, program implementation and measuring progress and success. Technical cooperation will support surveillance and evaluation of changes in dietary habits, food purchasing behaviors, macronutrient contents of diets, patterns of physical activity, and protective and risk factors of suboptimal nutrition and obesity and nutrition-related chronic diseases through the life course in relation to trends in nutritional status, and will strengthen efforts at monitoring the obesity epidemic by developing adequate measures, especially among adults, in order to increase awareness at government levels. The challenge is to improve current systems in order to track nutrition indicator trends

[10] Penny M.E., et al, 2005. Effectiveness of an educational intervention delivered through the health services to improve nutrition in young children: a cluster-randomised controlled trial. The Lancet, Vol 365 (9474): 1863-1872.

and changes in individual behavior and supportive environments at local and national levels.

23. Technical cooperation will also support the generation of evidence through research to contribute to an understanding of nutrition determinants in the Region. The challenge is to mobilize and channel resources to establish and support a research agenda involving biological, cultural, and social factors and addressing issues beyond traditional health interests according to priority lines defined at the regional and subregional level. Research areas such as consumer choices and consumer concerns about food and health; food access and primary agriculture production and fisheries; food processing, enrichment and fortification will be encouraged. Additional areas of research include the effect on good nutrition of economic wellbeing produced by such mechanisms as family remittances, targeted and non-targeted social and economic subsidies, the regulation of food standards, labeling and advertising. Current research initiatives in Central America are being implemented by INCAP in partnership with the International Food Policy Research Institute and the World Bank[11], among others.

24. As mentioned before, PAHO's challenge is also related to the need to bridge the gap on food and nutrition inequalities at subregional and subnational levels. Technical cooperation will support analytical tools and methodologies to provide disaggregated estimates of the food and nutrition situation; analysis of changes in nutritional status to support the design of coherent public-policy packages at national and municipal levels that will contribute more effectively to health and nutrition in vulnerable areas.

25. As part of PAHO/WHO's monitoring role, this Strategy will include indicators, milestones and tools to monitor and evaluate the effective implementation of these interventions in countries, subregions and regions. In addition, this strategic area will encourage standardized protocols to improve national capacity to collect and analyze health and nonhealth data determinants of nutrition, and manage impact evaluations on nutrition. Technical cooperation will be provided to develop jointly with government authorities a monitoring plan of the Strategy. The challenge is to encourage effective monitoring and evaluation systems at regional, subregional and national level to measure progress and outcomes.

[11] SISCA, Plan Operativo Global del Proyecto PRESANCA, noviembre 2005

***Development and Dissemination of Guidelines, Tools and Effective Models***

26. The strategy will encourage the dissemination of guidelines, norms and state-of-the-art papers on the improvement of service delivery, successful interventions and research findings through health and nonhealth audiences such as community leaders, governmental authorities, mass media and technical personnel. The strategic area will encourage a balanced coverage of health and nutrition from both a biomedical and a lifestyle perspective.

27. It will also identify new opportunities for food, nutrition and health education and social marketing within other related interventions. It will encourage interventions for behavioral change, recognizing that such change requires the availability of new choices that the vulnerable population groups may find to be more attractive than their habitual choices. The challenge is to adequately integrate social marketing initiatives to supportive government efforts to facilitate the adoption of healthy choices as the preferred options by targeted groups. Key audiences such as women and the young will be empowered to promote self-care practices at individual, household and community levels as part of their basic life skills. The review of normative regulations for message dissemination through mass media channels will be encouraged. The challenge is to achieve and sustain required behavioral changes.

***Mobilizing Partnerships, Networks, and a Regional Forum in Food and Nutrition***

28. PAHO will stimulate and foster horizontal technical cooperation among countries and promote sharing regional expertise, dissemination of lessons learned, and regional working groups and networks to move forward the nutrition in health and development agenda. PAHO seeks its relative niche and comparative advantage complementing nutrition-related efforts of the broader development community and multiple highly qualified and competent health and nutrition actors to improve nutrition in Member States. Consensus with external experts and stakeholders will be promoted with a multidisciplinary approach.

29. In view of the pervasiveness and persistence of nutrition problems in the Region and the constraints in the areas of governance, effectiveness and accountability, the Strategy draws lessons from the Promotion of Human Development Initiatives in Central America. The Strategy stresses the promotion of resource mobilization including social participation, networking, and strategic alliance-building among social sectors. PAHO will strengthen existing regional, subregional and national networks in the social and economic spheres and emphasize sharing of regional expertise to move the nutrition and development agenda forward with the participation of public, private and civil society organizations, universities, and research centers. Given the growing influence of private institutions and Nongovernmental Organizations (NGO´s) on national and international

political decision-making in recent years, it will also establish partnerships and build effective alliances to raise awareness and promote the maximization of resources through synergic efforts toward good nutrition. The challenge is to sponsor a common agenda for social and economic interventions with a clear nutrition perspective and ensure stakeholders' involvement in establishing policies and programs.

30. A vital component of this strategic area is PAHO's contribution to the incorporation of nutrition concerns in current debates, dialogue, and forums. Priority will be assigned to developing political discussions and exchange processes at the intersectoral level of current legislative frameworks, as well as periodical consultations of technical nutrition related issues with experts, stakeholders, the private sector and consumers, within a multidisciplinary approach.

31. Strategic alliances and partnerships will be strengthened with recognized national and international centers, such as the "Institute of Nutrition and Food Technology (INTA)", National Institute of Public Health (INSP), "Institute of Research and Training in Nutrition and Health (INCIENSA)", the International Food Policy Research Institute (IFPRI), among others. The role of Collaborating Centers will be included as part of the network of partners. Also partnerships with the industry and a variety of food producers are critical. PAHO will also strengthen partnerships with multilateral financial institutions in order to incorporate nutrition in the social reform agenda, improve the management of priority social programs in securing clear and feasible nutrition outcomes, expand the coverage and improve quality of nutrition interventions within the health sector, and support an information system that will contribute to the targeting of public expenditure and the measurement of nutrition outcomes within national and / or local investments plans.

32. Within the United Nations System, PAHO will strengthen integration and coordination with The United Nations Children's Fund (UNICEF), the Food and Agriculture Organization (FAO), The United Nations, Educational, Scientific and Cultural Organization (UNESCO), The United Nations Development Programme (UNDP), and World Food Programme (WFP), among others; with responsibilities on food and nutrition related issues in the Americas, under both regular and emergency conditions.

33. PAHO will promote collaborative efforts from health, agriculture, education, environment, labor and finance sectors, through initiatives like the "Interamerican Ministerial Meeting for Health and Agriculture" (RIMSA), the Central American Intersectoral Meeting of Agriculture, Environment and Health Ministers", among others.

**Plan of Action**

***Goal***

34. To contribute to the promotion of equity in health, to prevent and combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas by improving nutritional status throughout the life course, especially among the poor and other vulnerable groups, and through strategic collaborative efforts among Member States and other partners towards the achievement of the Millennium Development Goals.

***Purpose***

35. By 2015, to improve the nutritional levels of all people of the Americas by promoting and implementing an integrated, comprehensive, science-based, and action policy-oriented nutrition agenda at the regional, subregional and country levels.

***Expected Results***

36. The countries are achieving nutrition-related Millennium Development Goals. The countries are reducing nutrition-related excess mortality, morbidity, and disability through-out the life course, especially among the poor and other vulnerable groups

**Line and Sublines of Action**

37. The Plan of Action for the implementation of the Strategy will be tailored to specific subregional and country needs and capabilities, focusing on the most excluded population groups. One line and two sublines of action are proposed as follows.

***1. Food and Nutrition in Health and Development***

- **Objective:** To promote integration of nutrition into social and economic policies and plans in order to meet nutritional needs throughout the life course and to tackle nutrition transition problems at regional, subregional, national, and local levels

***1.1 Suboptimal Nutrition and Nutritional Deficiencies***

- **Objective:** To reduce nutritional deficiencies and suboptimal nutrition through prevention and treatment strategies targeted towards vulnerable groups throughout the life course and in the event of disasters.

***1.2 Nutrition and Physical Activity in Obesity and Nutrition-related Chronic Diseases***

- **Objective**: To promote the adoption of healthy dietary habits, active lifestyles, the control of obesity- and nutrition-related chronic diseases.

**PAHO Mechanisms for Coordination, Planning and Evaluation**

38. The Strategy takes into account PAHO's general policy guidelines and principles in the Strategic Plan 2003-2007.[12] The Strategy involves internal and external actors that will ensure the interprogrammatic work, and multisectorial approach. The development of the Strategy currently is involving and integrating a wide range of PAHO Units and Areas and partners as well as Member Countries. Three managerial areas are currently committed.

39. The five strategic areas will be applied to each line of action. PAHO recognizes that knowledge on evidence based interventions varies among the three lines of action. Strategic areas proposed will be tailored to technical cooperation country needs among the lines of action proposed in order to support governments' regulatory and promotional role.

40. The Strategy supports an integrated and comprehensive approach to diet, physical activity and health and will encourage mechanisms to link the line of action on obesity and nutrition related chronic diseases to the Regional Strategy on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet, Physical Activity, and Health. The Strategy recognizes that nutrition is a component of noncommunicable diseases, but also affects child growth and development, fundamental for national social development. This Strategy will rely upon the above-mentioned Strategy in areas of advocacy and policy development; community based actions; reinforced competencies in the health care personnel as related to the treatment of obesity and preventive counseling on diet and physical activity; and knowledge management.

41. In order to provide effective, efficient and timely technical cooperation to Member States, PAHO will encourage strong coordination efforts among nutrition and other specialized PAHO centers in the Region such as the Caribbean Food and Nutrition Institute (CFNI), the Instituto de Nutrición de Centro America y Panama (INCAP), the Caribbean Epidemiology Center (CAREC), the Centro Panamericano de Fiebre Aftosa (PANAFTOSA), the Latin American for Center Perinatology and Human Development (CLAP), and other collaborating Centers.

42. The follow-up process in the design and development of the Strategy entails a series of consultations with national experts and PAHO/WHO staff from country offices.

[12] Pan American Health Organization. Strategic Plan for the Pan American Sanitary Bureau, 2003-2007. Washington, DC: PAHO; 2002. (Document CSP26/10).

Further consultations and reviews will include a wide range of stakeholders at the country level, including: representatives from the ministries of health, agricultural sectors, consumers, education sectors, civil society organizations, NGOs, universities, local governments and municipalities, among others. Regional, sub regional and national meetings will also be carried out with multilateral agencies.

43. The process will reinforce the promotion of health and nutrition as integral components of policies and strategies with a multisectorial approach strengthening linkages with health and also with agriculture, education, food industry, and trade and environment sectors, to contribute to sustainable human development through enhancing the health and nutrition status in the people of the Americas.

44. In order to establish an appropriate technical cooperation plan at the national, subregional and regional levels, PAHO will need to identify and update with Member States their priority food and nutrition problems, current health and multisectoral efforts and progress based on evidence, as well as regional, subregional, national and subnational capabilities for response, and structural and institutional barriers to the improvement of nutritional status. Specific targets will need to be harmonized with current initiatives at the Regional, subregional, national and subnational levels. By year 2007 countries will be expected to have assessed their capacity for response to the Strategy and for designated points of entry. Countries would then have until 2015 to address food and nutrition problems and ensure the core capacities are in place.

**Partners**

45. Key partners will come from the academic, private sector, non-governmental organization, community organization and civil society actors, among which the following can be included:

- Health and other Public Sectors: Education, Agriculture, Housing and Urban Planning, Fisheries, Transport, Economy, Industry, Local Governments-Municipalities.

- Private Sector and Social Organizations: National and local food industries, Premix providers and pharmaceutical industry, Food Laboratories, Food distribution systems, NGO’s and Social Organizations (Food producers, Food Millers, Professional Associations, Consumer Groups).

- Universities, educational and research institutions: United Nations University (UNU), Institute of Nutrition and Food Technology of the University of Chile (INTA-Chile), National Institute on Public Health of Mexico (INSP-Mexico), Venezuelan Institute of Scientific Research (IVIC-Venezuela), Institute of

Nutritional Research of Peru (IIN-Peru), Illinois Society Healthcare Risk Management (ISHRML), International Food Policy Research Institute (IFPRI-WDC), and Mass Media (TV and Radio).

- Regional Government Bodies: Caribbean Community and Common Market (CARICOM), Andean Community of Nations (CAN), Integration System for Central America (SICA), Southern Common Market (MERCOSUR).

- Interamerican Systems: Commission for Food Safety (COPAIA), Inter-American Institute for Cooperation on Agriculture (IICA), Regional International Organization for Plant Protection and Animal Health (OIRSA), Office of Internacional Education (OIE), Economic Commission for Latin American and the Caribbean (CEPAL).

- United Nation System: WHO, UNICEF, UNDP, UNESCO, WFP, FAO, UNFPA.

- Bilateral Cooperation: United States Agency for International Development (USAID), European Union, German Agency for Technical Cooperation (GTZ), Canadian International Development Agency (CIDA), United Kingdom (UK), Swedish International Development Cooperation Agency (SIDA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH).

- Global and International Commissions and Foundations: International Life Sciences Institute (ILSI Foundation), Red Cross, International Council for the Control of Iodine Deficiency Disorders (ICCIDD), Consultative Group on International Agricultural Research (CGIAR), “Fundación Soros”, GATES Foundation, and Rockefeller Foundation.

- Financial Institutions: The World Bank, Inter American Development Bank, “Corporación Andina de Fomento”, “Banco Centro Americano de Integración Económica”.

**Action by the Directing Council**

46. The Regional Strategy on Nutrition in Health and Development will be implemented throughout the 10-year period 2006-2015. Regional-level coordination will include active participation in effective partnerships and leading political will among stakeholders to address nutrition issues from a multisectoral dimension.

47. PAHO’s Strategic Plan has identified five priority countries (Bolivia, Guyana, Haiti, Honduras, and Nicaragua) that exhibit high poverty rates and poor health outcomes, including poor nutritional status that will be incorporated into the Plan of

Action. Other countries will be encouraged to participate in this renewed technical cooperation process in order to reduce food and nutrition disparities among population groups.

48. Based on this information, the Directing Council is requested to : (a) approve the Regional Strategy on Nutrition in Health and Development; (b) consider ways in which the Member States could formally adopt the Strategy and make a commitment to undertake its dissemination and evaluation, highlighting the progress made in each line of action; (c) advise the Secretariat on how best to follow up progress in implementing nutrition-promotion initiatives and mobilize the necessary resources to improve nutritional status in the Region; and (d) consider the attached resolution proposed by the Executive Committee.

Annex

PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

# 138th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 19-23 June 2006*

CD47/18 (Eng.)
Annex

## *RESOLUTION*

## *CE138.R2*

### REGIONAL STRATEGY AND PLAN OF ACTION ON NUTRITION IN HEALTH AND DEVELOPMENT

***THE 138th SESSION OF THE EXECUTIVE COMMITTEE,***

Having seen the Director's report "Regional Strategy and Plan of Action on Nutrition in Health and Development" (Document CE138/18),

***RESOLVES:***

To recommend that the Directing Council adopt a resolution drafted as follows:

***THE 47th DIRECTING COUNCIL,***

Having seen the Director's report "Regional Strategy and Plan of Action on Nutrition in Health and Development" (Document CD47/18);

Mindful of the international mandates emerging from the World Health Assembly, in particular Resolutions WHA55.23 and WHA56.23, as well as the commitments by the Member States of the Region of the Americas to meeting the Millennium Development Goals;

Recognizing the persistence of problems related to nutritional deficiencies, as well as the growing problems associated with nutritional imbalances and excesses in Latin America and the Caribbean;

Underscoring that, with the current trends in the national indicators of undernourishment and low weight-for-age, several of the countries will not meet Target 2 of Millennium Development Goal 1 by the year 2015;

Reiterating that nutrition is a determinant of human development and, at the same time, is affected by a series of social and economic determinants, and

Recognizing the high degree of complementarity between this and other strategies such as: the Integrated Management of Childhood Illness (IMCI) strategy, the Global Strategy for Infant and Young Child Feeding, and the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, including Diet and Physical Activity,

***RESOLVES:***

1. To urge the Member States to:

a) consider the present Regional Strategy and Plan of Action on Nutrition in Health and Development in their development plans and programs, as well as their national budget proposals and discussions;

b) promote internal dialogue among institutions in the public sector and between the public and private sectors and civil society to build a national consensus on nutrition, health, and the national development process;

c) conduct an internal review and analysis of the present strategy's relevance and viability in the national context, based on national priorities, needs, and capacities.

2. To request the Director to:

a) provide support to the Member States, in collaboration with other international agencies, for an internal analysis of the applicability and appropriateness of the present strategy and take action leading to the adoption of the Regional Strategy on Nutrition in Health and Development.

b) engage negotiations with other international agencies, scientific and technical institutions, organized civil society, the private sector, and others on the establishment of a regional partnership to guide and monitor implementation of the Regional Strategy on Nutrition in Health and Development.

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