Childhood overweight
A call for prevention in Latin America and the Caribbean
Revised edition
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EXECUTIVE SUMMARY

In Latin America and the Caribbean, about 7.5 per cent of children under the age of 5 have overweight. This translates into about 4 million children.

Executive Summary

Today in Latin America and the Caribbean, an alarming number of children are affected by overweight, making it one of the region’s greatest public health challenges.

Over the last three decades, this condition has steadily increased in the region, from 6.2 per cent of children under age 5 living with overweight in 1990 to 7.5 per cent in 2020. This means an increase of 400,000 children with overweight, reaching a total of around 4 million in 2021. Additionally, 3 out of every 10 children aged 5 to 19 years old in the region have overweight.

Adding childhood overweight to the existing burden of stunting and micronutrient deficiencies, many countries in the region are now facing a challenging double burden of malnutrition. All three conditions can coexist in the same country, community, family or individual. If this trend continues, the region will not meet the target set by the World Health Assembly, to ensure that there is no childhood overweight under 5 years of age between 2012 and 2025.

Today, countries in the region are at a particularly challenging crossroad. Overweight increases the risk of chronic diseases, cardiovascular and metabolic problems as well as the risk of death. Also, children affected by overweight often experience bullying and stigma and can suffer emotional impacts.

Childhood overweight continues to increase, while new challenges such as COVID-19 are exacerbating the situation. Children who have overweight and contract COVID-19 are at a higher risk regardless of other comorbidities and they are more susceptible to hospitalization, the need for intensive care and mechanical ventilation.

Studies carried out in different countries of the region during the pandemic show lack of access to healthy food and a reduction in physical activity, especially in girls, potentially caused by confinement measures. Consumption habits are constantly influenced by food and beverage marketing strategies and we have seen changes to food environments, disruption of health and nutrition services, and the suspension of school feeding programmes, all of which put the health and nutritional status of children in the region at risk.

Obesogenic environments which encourage the consumption of ultra-processed products with low nutritional value, coupled with inadequate levels of physical activity, are the main risk factors for driving the rise in childhood overweight. Food environments that promote childhood overweight along with a food system that does not respond to the nutritional needs of children have shown the urgent need to act and formulate public policies and programmes that address all forms of malnutrition, with a strong focus on overweight, while taking into consideration children’s rights.

UNICEF acts according to the Convention on the Rights of the Child, which establishes that children should be guaranteed nutritious, sufficient, accessible, and safe food, as well as the right to health and information.

The need to promote and support the prevention of childhood overweight from an early age is widely supported by global mandates such as the Sustainable Development Goals, the Rome Declaration on Nutrition, the UN Decade of Action on Nutrition 2016–2025, several UN General Assembly resolutions, World Health Assembly declarations, and documents on the prevention and control
of non-communicable diseases. The UNICEF Nutrition Strategy 2020-2030 describes the actions needed to address all forms of malnutrition in children, including overweight, as a public health and child protection issue. This strategy is aligned with the 2030 Sustainable Development Agenda, which also promotes ending malnutrition in all its forms.

In its approach, UNICEF recognizes the central role of five systems—food, health, water, sanitation and hygiene, education and social protection—to ensure nutritious, safe, affordable and sustainable food for children and women and guarantee essential nutrition practices and services throughout the life cycle.

In this context, food systems are becoming increasingly central to UNICEF’s work on nutrition. The UNICEF Innocenti Framework identifies some of the key food system entry points where action can be taken to increase both the supply and demand of nutritious food for children and adolescents.

As part of its contributions, UNICEF coordinates actions with governments, civil society and private sector partners. These actions seek to prevent overweight in children as a multisectoral and collaborative task between the nutrition sector and other sectors.

UNICEF also issues guidance for the prevention of overweight and recommends measures to improve the environment through policy formulation, regulatory frameworks and strategies; implementing interventions throughout the life cycle, especially during pregnancy, early childhood (under 5 years), school age (5-9 years) and adolescence (10-19 years); and also, generating and using evidence and monitoring and reporting interventions.

In particular, UNICEF provides support to governments in the region to implement regulatory actions such as restricting unhealthy food and beverage marketing directed to children; front-of-pack nutrition labeling and reformulation; fiscal measures; and mandatory standards for school environments and food offered in schools. The findings of studies led by UNICEF demonstrated that children are exposed to harmful food and beverage marketing practices, these results also contributed important evidence and arguments during the formulation of regulations in at least five countries.

In four of the countries where front-of-pack nutrition labeling was approved, UNICEF provided technical support throughout the process, by generating evidence, reviewing international experiences, analyzing scientific data and other actions to support the argument about the advantages of using this kind of labeling with a strong focus on the rights and protection of children, while implementing advocacy and communication campaigns.

With regards to the school environments, UNICEF has supported the ministries of health and education in at least nine countries of the region with the implementation of SBCC interventions, promotion of healthy eating and physical activity, inclusion of nutrition in the school curriculum, training courses for teachers and staff who serve in school canteens. UNICEF also supported the generation of evidence on the quality of food offered in the school environment, and the
A key regulatory measure implemented successfully in this region is the front-of-pack warning labeling on ultra-processed products. Evidence shows that such labels contribute to healthier consumer choices.

Development of regulatory frameworks that regulate the sale of food and beverages in schools and that limit the promotion and availability of unhealthy products.

In twenty countries of the region, UNICEF supported actions to promote, protect and support breastfeeding. These actions include monitoring the International Code of Breastmilk Substitutes, strengthening the capacities of health personnel at the first level of care and at the community level, and strengthening the regulatory frameworks. UNICEF also leads actions to protect and promote breastfeeding in the workplace, as well as awareness campaigns directed to mothers, fathers and the community.

In at least eight countries, UNICEF provided technical assistance to promote better nutrition for children between 6 and 23 months of age, through the development of guidelines for decision makers and other publications with recommendations for caregivers.

In several countries in the region, UNICEF supported governments with the development of protocols for breastfeeding in the context of the pandemic, and communication campaigns to promote them, while emphasizing breastfeeding as a safe practice.

In the context of the COVID-19 global health emergency, UNICEF has formulated new initiatives to support governments in their response to the pandemic and generate data for decision making. In doing so, UNICEF promotes actions aimed at promoting, protecting, and guaranteeing the rights of children while working to solve the problems that have arisen during the pandemic. An example is the regional survey among nearly 9,000 adolescents and young people in eight countries of the region, on their consumption practices and levels of physical activity. The results were used to drive a regional campaign to promote healthy eating and physical activity in the context of COVID-19.

Recommendations
National and local governments, civil society organizations, academic institutions, international organizations, and the private sector have a great opportunity to contribute to the prevention of overweight to guarantee children’s right to nutritious and adequate food.

We recommend the following actions to support the prioritization and implementation of strategies for the prevention and control of overweight:

1. Recognize the central role of five systems – food, health, water and sanitation, education, and social protection – in providing nutritious, safe, affordable, and sustainable diets for children.
2. Strengthen legal and regulatory frameworks.
3. Support actions with scientific evidence generated by institutions that have no conflict of interest.
4. Accelerate actions in the school environment.
5. Apply a rights-based approach.
6. Prioritize interventions during the first years of life, including healthy complementary feeding initiatives.
7. Shift the narrative from an individual approach to a systems approach, considering the key role of food environments.
8. Give priority to the countries with the highest prevalence, and support the dissemination of successful strategies and experiences throughout the region.
9. Encourage and strengthen the important role played by civil society actively advocating for public policies and children’s rights.
10. Advocate with the private sector to contribute to child overweight prevention, ensuring that there are no conflicts of interest and in compliance with the UN Guiding Principles on Business and Human Rights, Children’s Rights, and Business Principles.
Childhood Overweight: A Call for Prevention in Latin America and the Caribbean
Introduction

The objective of this report is to describe the current situation of childhood overweight in Latin America and the Caribbean, a problem that has grown extensively requiring urgent action from all sectors. The report also describes UNICEF’s approach and vision for preventing overweight and document its contributions to the efforts of local governments, civil society groups, academic institutions, international organizations and the private sector. In addition, the report describes UNICEF’s actions, policies, programmes and strategies aimed at preventing and controlling overweight in the region.

This document uses the general term "overweight", to refer to both overweight and its most severe form: obesity. According to the World Health Organization, childhood overweight is defined as excess weight for height that is more than two standard deviations above the median established in child growth standards. It is also characterized by an excessive accumulation of body fat. Overweight is the result of the interaction between several factors that regulate physiological processes, food preferences and physical activity throughout life, as well as an obesogenic environment that promotes high energy intake and sedentary behavior.

In recent decades, the Latin American and Caribbean region has seen an accelerated rise in the number of children who suffer from overweight. Because overweight affects the immediate physical and emotional well-being of children, it increases the risks of suffering from chronic non-communicable diseases (NCDs).

In a context where the COVID-19 global health emergency has increased children’s health and nutrition risks, UNICEF supports prioritizing and implementing strategies for the prevention and control of childhood overweight.

Scientific evidence has shown that factors related to obesogenic environments have a great impact on children’s development. These include the availability, promotion and consumption of unhealthy products along with a lack of adequate space for physical activity.

The need to implement actions to promote access to healthy food and prevent childhood overweight is widely supported by global mandates, including the Sustainable Development Goals, the Rome Declaration on Nutrition, the UN Decade of Action on Nutrition 2016-2025, several UN General Assembly resolutions, and World Health Assembly (WHA) declarations, among others.

UNICEF also develops its actions around overweight prevention under the guidance of the Convention on the Rights of the Child and its Nutrition Strategy 2020-2030. For UNICEF, prioritizing interventions for overweight prevention during the first years of life represents a window of opportunity to guarantee children’s right to food, nutrition and health.
The nutritional status of children in Latin America and the Caribbean

1.1. Context in the region

Overweight is a pressing challenge in almost all Latin America and Caribbean (LAC) countries. A large body of evidence has shown its association with the development of chronic non-communicable diseases (NCDs) and it can lead to a higher morbidity-mortality risk.

In children under 5 years of age in the region, overweight exceeds the world average of 5.6 per cent. Since 1990, it has shown a steady increase, from 6.2 per cent in 1990 to 7.5 per cent in 2021 (see Figure 1). This translates into an increase of 400,000 children with overweight, reaching a total of almost 4 million in 2021. In fact, 3 out of every 10 children in LAC live with overweight. If this trend continues, the region will not meet the target set by the World Health Assembly, which calls for no increase between 2012 and 2025 in children under 5 years of age with overweight.

Joint UNICEF, World Bank, and WHO estimates of malnutrition\(^2\) published in April 2021 show insufficient progress in achieving the Sustainable Development Goals (SDG) targets set for 2030. Globally, only one in six countries are on track with the SDG target for overweight, a prevalence of 3 per cent by 2030. However, while measuring this target during 2021 in Latin America and the Caribbean, countries showed “no progress” or even “a worsening situation.” This reaffirms the need for urgent action.

In LAC, the percentage of overweight children under 5 years of age was higher than the world average (7.5 per cent vs. 5.7 per cent).

As in most of the world, LAC has also seen an increase in the proportion of children under 5 years of age who have overweight and obese.

\( ^1 \) Source: Joint Malnutrition Estimates, UNICEF, OMS, World Bank, April 2021, Available in: https://data.unicef.org/topic/nutrition/malnutrition/

the need for urgent action, especially in a context where the COVID-19 pandemic could exacerbate the problem. The increasingly common condition of childhood overweight is added to the other two forms of malnutrition that are most common in the region—stunting and micronutrient deficiency—creating a triple burden. These three forms of malnutrition can coexist in the same country, community, family or individual, making it necessary for countries to implement or accelerate actions that address both overnutrition (overweight and obesity), undernutrition (stunting) and micronutrient deficiency.

Studies undertaken in the region have shown that in general, low-income countries overweight is more prevalent in comparison with rich countries and that poverty has a negative impact on the nutritional quality of diets.

Despite the above, in the LAC region, the trend is not so clear, and there may be factors that affect the prevalence of overweight in specific areas. The causes of overweight in LAC are mainly related to unhealthy urban lifestyles and obesogenic food environments and less likely related to geographic or socioeconomic status.

The highest percentage of children under 5 years of age with stunting is found in Guatemala (see Figure 2) and the highest percentage of children with overweight is found in Argentina. Besides, high-income and low-income countries have a double burden of malnutrition: stunting and overweight (see Figure 3).

**Figure 2. The nutritional status of children under 5 years of age in Latin America and the Caribbean by 2020**

The joint malnutrition estimates (World Bank, UNICEF, WHO) published in April 2021 show that there is insufficient progress to reach the targets of the Sustainable Development Goals (SDG) by 2030.

**Definitions**

**Stunting:** height for age < -2 SD of the World Health Organization median child growth standards for children under 5 years of age.

**Overweight:** Weight-for-height above +2 SD of the World Health Organization median child growth standards for children under 5 years of age. Severe overweight (above +3 SD) is referred to as obesity.

Overweight in children and adolescents

3 out of 10 children and adolescents, aged 5 to 19 years old, have overweight in Latin America and the Caribbean (see Graph 4).

13 countries in the region have prevalence of overweight greater than 30 per cent. Argentina, Bahamas, Chile and Mexico have the highest percentages of overweight among their children and adolescent population, aged 5 to 12 years old (see Graph 5).

Figure 3. Percentage of children under 5 years of age affected by wasting and overweight in Latin America and the Caribbean by income level, Gross Domestic Product GDP per capita, in the countries

Figure 4. Percentage of children and adolescents, aged 5 to 19, affected by overweight in Latin America and the Caribbean, by income level, GDP per capita, in the countries


Figure 5. Percentage of children and adolescents, aged 5 to 19, affected by overweight in Latin America and the Caribbean

1.2. COVID-19 and overweight in the region

The pandemic has made it increasingly difficult for children to access nutritious foods, essential nutrition services, and appropriate nutrition practices. The combination of increasing poverty, inequality, conflict, climate change and COVID-19 further threaten the food systems and nutritional well-being of children, especially in the poorest and most vulnerable communities and households.7

Confinement measures such as mobility restrictions and social distancing have prevented or limited economic activities, mainly affecting food security in countries with higher levels of poverty. Under these circumstances, people living in these countries must allocate a greater amount of their reduced income to food purchases, affecting both the quantity and quality of their food.8

In this context, the COVID-19 pandemic has generated greater concern regarding the high prevalence of overweight in LAC. According to several studies9,10 people with this condition—including children and adolescents11—are at greater risk of suffering severe consequences caused by the disease, being more susceptible to hospitalization12, the need for intensive care, and mechanical ventilation. In fact, the condition of overweight can include a higher risk of death, regardless of other comorbidities.13

In general, the pandemic has resulted in the following changes:

- Disruption of the food system (food prices, value chain, food access, procurement and purchasing mechanisms).14
- Interruption of access to health services and essential nutrition interventions.15
- Suspension of school feeding programmes or change in food delivery mechanisms due to school closures.16

According to a report by ECLAC and FAO17, confinement measures have many other consequences. These include impoverishment due to lack of employment, an overload of domestic chores for women, less access to healthy food or the basic food basket, and difficulties in accessing food assistance programmes. The ECLAC/FAO report describes the main effects of the pandemic on the food environment as follows:

- Closure of school feeding programmes.
- Reduced purchasing power to purchase healthy foods.
- Promotion and advertising opportunism through specialized marketing strategies (free home deliveries; soliciting donations to assistance programmes or solidarity food deliveries; delivery of products to health personnel; and changes in the front-of-pack nutrition labeling that include motivational messages in the face of the pandemic crisis such as “Strength” and “All together”).
- Panic buying and misinformation.
- Disruption of routines.

Studies by organizations that monitor food purchases at the global level have found that the demand for ultra-processed products has increased, especially in the ready-to-drink beverages category.18

UNICEF found similar results in studies conducted during the pandemic in countries such as Argentina19, Brazil20, and Uruguay21:

- In Buenos Aires (Argentina), a study on dietary practices found that, during the pandemic, respondents increased the consumption of ultra-processed products in households where children are highly exposed to unhealthy food advertising through digital media. Another finding was that the consumption of artificial beverage that contain sugar is highest in the lowest quintiles.
- In Brazil, families participating in the study increased their consumption of ultra-processed products. In addition, 30 per cent of the families from the poorest percentiles reported that at some point, they reduced or limited their food intake due to a lack of money.
In Uruguay, 22 per cent of participating families reported food shortages, low consumption of fruits and vegetables, and frequent intake of ultra-processed products. In addition, digital advertising of some ultra-processed foods made reference to the pandemic and it was found that donations of this food were being made to children and adolescents in vulnerable situations.

Another survey conducted by UNICEF in eight countries in the region, which includes nearly 9 thousand adolescents, concluded that for half (51 per cent) of the participants, it had been difficult to access healthy food, mainly due to lack of money. At the same time, more than half of the respondents, especially girls, reported less physical activity during the pandemic.

In the same survey, the respondents shared that the eating habits and behavioral patterns have changed during the pandemic, including an increased consumption of ultra-processed high calorie products that are rich in added sugars, saturated fats and salt but are low in nutritional value. This, combined with the exposure to aggressive marketing of unhealthy food and a decrease in physical activity, can all exacerbate the overweight problem in this critical region and at the global context.

As the world responds and recovers from the pandemic, it is essential to take urgent action to protect maternal and child nutrition and ensure a future in which the right to nutrition is a reality for all children. The current context makes it even more urgent to transform the food system to respond to children’s needs and enable nutritious, safe, affordable and sustainable food, with children at the centre of strategies, policies and investments.
UNICEF's vision and approach to childhood overweight and its prevention

UNICEF actions for the prevention of overweight are guided by the Convention on the Rights of the Child, which states that children should be guaranteed sufficient, accessible, durable and safe food. This principle stresses the importance of special protection to ensure children’s rights are safeguarded and that they are able to enjoy the highest attainable standard of health.

Over the years, the Committee on the Rights of the Child has issued several general comments to contribute to eliminating malnutrition in all its forms. There is a growing consensus that overweight and obesogenic environments are not only a public health problem but also they threaten children’s rights.

Global mandates widely support the need for action to promote healthy diets and prevent childhood overweight, including the Sustainable Development Goals, the Rome Declaration on Nutrition, the UN Decade of Action on Nutrition 2016-2025, several UN General Assembly resolutions, World Health Assembly (WHA) declarations, and relevant documents on the prevention and control of chronic noncommunicable diseases. More specifically, the establishment and subsequent recommendations of the Commission on Ending Childhood Obesity elevated the prevention of childhood overweight and obesity to the status of an urgent priority.

The World Health Organization (WHO) Commission on Ending Childhood Obesity emphasized in its final report that “Governments and society have a moral responsibility to act on behalf of children to reduce the risk of obesity. Combating childhood obesity is consistent with the general acceptance of children’s rights to a healthy life, as well as with the obligations undertaken by Party States to the Convention on the Rights of the Child. This new perspective offers some potential for increasing pressure on States to effectively address various harms associated with promotion of ultra-processed and unhealthy foods to children.”

2.1. The UNICEF systems approach to overweight prevention

UNICEF’s Nutrition Strategy 2020-2030 calls for actions to address all forms of malnutrition in children, including childhood overweight, as a public health and child protection issue. The strategy is aligned with the 2030 Sustainable Development Agenda, which calls for an end to all forms of malnutrition.

In its approach, UNICEF recognizes the central role of five systems—food, health, water, and sanitation, education and social protection—to ensure nutritious, safe,
In its approach, UNICEF recognizes the central role of five systems—food, health, water and sanitation, education and social protection—to ensure nutritious, safe, affordable and sustainable food for children and women and guarantee essential nutrition practices and services throughout the life cycle.

Of particular relevance in this context are food systems. To better explain the effects of food systems, UNICEF developed the Innocenti Framework on Food Systems for Children. This framework places food at the centre of food system analysis for two reasons: first, because the nutritional needs of children are unique and essential; second, because there are no magic solutions to improve children’s nutrition over the long term. The Innocenti Framework identifies some of the key points in food systems where action can be taken to increase both the supply of and demand for nutritious food for children.

Current figures for all forms of malnutrition and the disparities in access and control of productive resources and food production are all aspects of a food system poorly prepared to meet the nutritional needs and rights of children. A clear example of this is the marketing of ultra-processed and less nutritious products, which are widely promoted and readily available, while nutritious foods are often more expensive and inaccessible to many.

Interventions to prevent overweight should consider different stages in the life cycle. Actions during the first years of life represent a window of opportunity to guarantee children’s right to food, nutrition and health.

Figure 6. UNICEF systems approach: food; health; water and sanitation; education; and social protection

Source: Nutrition Section, UNICEF Programmes, 2021
Discussing and analyzing food systems within a rights-based framework is critical to ensure that vulnerable populations affected by malnutrition in all its forms are guaranteed access to adequate nutritious food. This includes supporting and protecting optimal infant and young child feeding practices and creating a food environment that ensures not just the minimum amount of calories needed to survive but adequate nutritious food.\textsuperscript{29}

\textbf{Figure 7. UNICEF Innocenti Framework. Influence of food systems on children and adolescents food consumption.}

\textbf{Figure 8. Importance of intervention in the first years of life for overweight prevention}

\textsuperscript{Source: Hanson M and Gluckman P. Developmental origins of noncommunicable disease: population and public health implications. Am J Clin Nut, 2011; 94(suppl): 1754S-8S.}
Leaders and key actors from all sectors, including the private sector (free from conflict of interest) can help to influence compliance with local and international standards and implement business models that consider better corporate accountability in relation to child nutrition. In this way, children and their rights can be positioned and, then, kept at the centre of corporate policies.

2.2. Regulatory actions promoted by UNICEF for overweight prevention

Prevention of childhood overweight is a multi-sectoral task, and collaboration between the nutrition sector and other sectors is crucial. In its programme guide for prevention of overweight and obesity, UNICEF recommends prevention measures related to improving the environment through formulating policies, regulatory frameworks and strategies; implementing interventions throughout the life cycle—especially during pregnancy, early childhood (under 5 years), school age (5-9 years) and adolescence (10-19 years); and generating and using evidence, including intervention monitoring and reporting.30

In the case of policies and interventions, UNICEF recommends prioritizing actions for the early and middle childhood, since these years represent a unique opportunity to guarantee children’s right to food, nutrition and health.

UNICEF promotes five complimentary regulatory actions, all based on the key elements of food environments:31

- **Restrict marketing practices directed at children**: through comprehensive regulations, protect children from exposure to marketing and advertising and the harmful effects of unhealthy food marketing practices.
- **Implement food labeling**: adopt front-of-pack nutrition labeling with a system that is simple, clear, consistent, and appealing so that it can be easily and quickly interpreted by the entire population, including children.
- **Reformulate food**: reduce the use of added sugars, saturated fats and/or salt.
- **Implement fiscal measures**: use subsidies or tax exemptions to promote production, distribution, marketing and consumption of nutritious foods and limit the consumption of unhealthy foods and beverages through, for example, the creation of taxes on sugar-sweetened beverages.
- **Regulate school environments and food in schools**: formulate mandatory policies and standards for foods and beverages available in school contexts, recognizing that schools are optimal settings to implement strategies to prevent overweight.

The school setting has the capacity to influence children’s healthy eating habits and physical activity levels for the rest of their lives. At this stage, the initiatives that promote healthy eating, the consumption of drinking water and physical activity are essential.

A regulatory framework that regulates the sale of food and beverages in schools, promotes healthy activities, and limits the promotion and availability of unhealthy products is crucial.
Chapter 3

Childhood Overweight: A Call for Prevention in Latin America and the Caribbean
Risk factors for overweight development and possible consequences

Different risks associated with malnutrition at each stage in the life cycle (see Figure 9) can lead to one or more forms of malnutrition: stunting, wasting, micronutrient deficiencies, or overweight and obesity. Additionally, these conditions can affect school performance and economic opportunities throughout life, as well as pose health risks in adulthood.32

In the case of children, those affected by overweight are at an increased risk of developing diabetes, obesity, chronic non-communicable diseases and some types of cancer throughout their lives, as well as cognitive, behavioral and emotional difficulties, including low self-esteem stigmatization, poor socialization, and depression.

Poverty and inequality are factors that limit access to adequate nutritious and healthy food but are also determinants of overweight, undernutrition and micronutrient deficiency.33

In recent decades, consumption patterns have shifted toward industrialized diets that rely heavily on unhealthy foods high in added sugars, saturated fats and salt and limited in fruits, vegetables and whole grains.34

Figure 9. Stages in the life cycle and risks associated with malnutrition
As a result of such eating pattern, children's diets often do not meet their nutritional needs even when the amount of food they consume may meet or exceed their basic caloric requirements.

Although there are genetic factors that predispose the development of childhood overweight, scientific evidence shows that circumstances related to the environment have a greater impact. Elements associated with the environment include the availability of products, prices, lack of adequate spaces for physical activity, and heavy exposure to food marketing and advertising.

Children are constantly being exposed to marketing strategies that promote unhealthy foods and beverages. These advertising tactics are delivered through all media channels, ranging from television to digital media, and even occur in schools, despite being an environment where children should be protected.

The following are some of the main risk factors for childhood overweight:

- **Inadequate breastfeeding practices**: One of the widely recognized protective factors in the prevention of overweight is exclusive breastfeeding for the first six months of life, starting within an hour of birth and continuing up for two or more years. Evidence shows that formula-fed infants have trouble recognizing satiety, which can lead to overeating. Adequate breastfeeding practices regulate food intake and help to maintain energy balance.

- **Inadequate complementary feeding practices**: Feeding between 6 and 23 months can be one of the main risk factors for overweight, especially if: 1) children of that age consume foods high in sugar, fat or salt, which predisposes them to unhealthy food preferences later in life 2) or the feeding practices of their caregivers are not responsive to hunger and satiety cues, which may contribute to overconsumption of food.

- **The obesogenic food environment**: These environments are understood as ones that promote obesity. They are characterized by low availability, accessibility, desirability, and affordability of healthy foods; aggressive promotion of ultra-processed products high in added sugar, fat and salt; and limited access to spaces for physical activity. Periodic exposure

![Figure 10. Percentage of children, aged 6 to 23 months who did not consume any fruit or vegetables the day before they were interviewed](source: UNICEF Infant and young child feeding, <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>).
In recent decades, consumption patterns have shifted toward industrialized diets that rely heavily on unhealthy foods high in added sugars, saturated fats and salt and limited in fruits, vegetables and whole grains. As a result of such eating pattern, children’s diets often do not meet their nutritional needs even when the amount of food they consume may meet or exceed their basic caloric requirements.

- **Consumption of ultra-processed products and sugar-sweetened beverages**: Ultra-processed products tend to be energy-dense (high in added sugars, saturated fat and salt) and low or non-existent in nutrients. A diet high in ultra-processed products tends to displace other nutrient-dense options. Sugar-sweetened beverage consumption is widely associated with an increased risk of childhood overweight\(^42,43\) and there is ample scientific evidence demonstrating the relationship between consumption of ultra-processed products, overweight, and other adverse health outcomes.\(^44,45\)

- **Poor physical activity**: LAC is among the regions with the highest percentages of physical inactivity in the world.\(^46\) Among adolescents aged 11 to 17 years, estimates are that around 84.3 per cent do not perform 60 minutes of moderate to vigorous intensity physical activity daily.

Other relevant risk factors include maternal and paternal overweight, maternal undernutrition, undernutrition in the first years of life, among others.
Childhood Overweight: A Call for Prevention in Latin America and the Caribbean

Chapter 4
Regulatory actions of the region's governments on overweight and obesity prevention

The policies implemented in LAC include various areas of intervention that have focused on four areas: food systems, food environments, physical activity and primary health care (see Figure 11).

Annex 1 presents some of the policies implemented in countries in the LAC region for overweight prevention, care and control.

4.1. Front-of-pack labeling

One regulatory measure that the region leads is the front-of-pack warning labeling on processed products. Evidence shows that it contributes to healthier choices made by consumers if it is easily grasped and understood. Since 2014, several countries in the region have implemented various labeling systems: Brazil, Chile, Ecuador, Mexico, Peru and Uruguay (see Figure 12). Argentina and Colombia have approved new labeling systems at the legislative level.

Figure 11. Areas of intervention of public policies implemented in Latin America and the Caribbean

Source: Based on information from UNICEF and INSPI, available in the Annex of this document
**ECUADOR**  Traffic Light Labeling  
Implemented as of August, 2014

**MEXICO**  Warning labeling.  
Implemented as of October, 2020 in 3 phases

**PERU**  Warning labeling  
Implemented as of June, 2019

**URUGUAY**  Warning labeling.  
Implemented as of August, 2018

| NUTRIENT PROFILING FOR SUPPLEMENTARY NUTRITION DECLARATION |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|
| **ENERGY** | **SUGARS** | **SATURATED FATS** | **TRANS FATS** | **SODIUM** |
| Solids in 100 g of product | >1.75 kcal total | 10% of total energy from free sugars | 10% of the total energy from saturated fats | >1% of total energy from trans fats | ≥ 235 mg |
| Liquids in 100 ml of product | ≤70 kcal | ≤15 kcal | ≤15 kcal | ≤15 kcal | Sodium in 100 ml |

**LEgend to use**  
- **EXCESS ENERGY**  
- **EXCESS SUGARS**  
- **EXCESS SATURATED FATS**  
- **EXCESS TRANS FATS**  
- **EXCESS SODIUM**

**Limits on Added Sugars, Saturated Fats and Sodium for Front-of- Pack Nutrition Label Declaration Purposes.**

<table>
<thead>
<tr>
<th>NUTRIENTS</th>
<th>SOLID OR SEMI-SOLID FOODS</th>
<th>LIQUID FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Added sugars</td>
<td>Amount greater than or equal to 75 g of added sugars per 100 g of food</td>
<td>Amount greater than or equal to 75 g of added sugars per 100 g of food</td>
</tr>
<tr>
<td>Saturated fats</td>
<td>Amount greater than or equal to 6 g of added saturated fats per 100 g of food</td>
<td>Amount greater than or equal to 6 g of added saturated fats per 100 g of food</td>
</tr>
<tr>
<td>Sodium</td>
<td>Amount greater than or equal to 300 mg of sodium per 100 g of food</td>
<td>Amount greater than or equal to 300 mg of sodium per 100 g of food</td>
</tr>
</tbody>
</table>

---

**Table: Content of Components and Allowed Concentrations**

<table>
<thead>
<tr>
<th>Level / Components</th>
<th>&quot;Low&quot; Concentration</th>
<th>&quot;Medium&quot; Concentration</th>
<th>&quot;High&quot; Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fats</td>
<td>Greater than or equal to 0 g/100 ml</td>
<td>Greater than or equal to 2 g/100 ml</td>
<td>Greater than or equal to 5 g/100 ml</td>
</tr>
<tr>
<td>Sugars</td>
<td>Greater than or equal to 0 g/100 ml</td>
<td>Greater than or equal to 2 g/100 ml</td>
<td>Greater than or equal to 5 g/100 ml</td>
</tr>
<tr>
<td>Salt (Sodium)</td>
<td>Greater than or equal to 0 mg/100 ml</td>
<td>Greater than or equal to 5 mg/100 ml</td>
<td>Greater than or equal to 15 mg/100 ml</td>
</tr>
</tbody>
</table>

---

**Limits on Energy, Sodium, Total Sugars and Saturated Fats in Foods.**

- **In solid foods, values greater than:**
  - Energy: 275 kcal/100 g
  - Sodium: 400 mg/100 g
  - Total sugars: 10 g/100 g
  - Saturated fats: 4 g/100 g

- **In liquid foods, values greater than:**
  - Energy: 70 kcal/100 ml
  - Sodium: 100 mg/100 ml
  - Total sugars: 5 g/100 ml
  - Saturated fats: 3 g/100 ml

---

**Source:** Based on information from the Ministry of Economy of Mexico, Official Gazette Da Uniao do Brasil, Ministry of Health of the Republic of Chile, Ministry of Public Health of Ecuador, Ministry of Health of Peru, and Ministry of Health of Uruguay.
4.2. Regulation of food and beverage advertising

Another relevant measure implemented in the countries of the region to protect children is regulating the advertisement of low nutritional quality foods and beverages.

As shown in Figure 13, five countries regulate advertising around school environments, and three countries regulate television and cinema advertisement. However, in other countries, the challenge remains to achieve a regulatory framework to ensure effective implementation.

Figure 13. Regulation of food and beverage advertising aimed at children and adolescents in Latin America and the Caribbean

<table>
<thead>
<tr>
<th>Country</th>
<th>Protects children from</th>
<th>What do they regulate?</th>
<th>Regulated Media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brasil</td>
<td>&lt;12 years old</td>
<td>All advertising that is directed at children.</td>
<td><img src="T.V." alt="X" /> <img src="Radio" alt="X" /> <img src="Cine" alt="X" /> <img src="Internet" alt="X" /> <img src="School" alt="X" /></td>
</tr>
<tr>
<td>Chile</td>
<td>&lt;14 years old</td>
<td>Advertising in TV programmes from 6:00 to 22:00, TV programmes or Internet sites directed at girls and boys or when the child audience is &gt;20% and in preschool, primary and secondary schools.</td>
<td><img src="T.V." alt="X" /> <img src="Radio" alt="X" /> <img src="Cine" alt="X" /> <img src="Internet" alt="X" /> <img src="School" alt="X" /></td>
</tr>
<tr>
<td>Costa Rica</td>
<td>Not specified</td>
<td>Advertising in preschool and primary schools and in public secondary schools or institutions attended by children.</td>
<td><img src="School" alt="X" /></td>
</tr>
<tr>
<td>Ecuador</td>
<td>Not specified</td>
<td>Advertising in school settings.</td>
<td><img src="School" alt="X" /></td>
</tr>
<tr>
<td>Mexico</td>
<td>&lt;13 years old</td>
<td>Advertising in TV programmes from 14:30 to 17:30 on weekdays and from 7:00 to 19:30 on weekends (with &gt;35% child audience) and advertising in movies classified for child audiences.</td>
<td><img src="T.V." alt="X" /> <img src="Radio" alt="X" /></td>
</tr>
<tr>
<td>Uruguay</td>
<td>&lt;19 years old</td>
<td>Advertising in school settings.</td>
<td><img src="School" alt="X" /></td>
</tr>
</tbody>
</table>

UNICEF’s contribution to the prevention of overweight in children in Latin America and the Caribbean

In recent years, UNICEF has contributed to the prevention of overweight in children in the region through several initiatives such as advocacy and participation in both policy development and regulatory framework strengthening to improve food environments. Behavior change-oriented practices which consider different stages of the life cycle have also been implemented. Furthermore, in the COVID-19 global health emergency context, UNICEF has formulated new initiatives to support governments in their response to the health emergency and generate data for decision making.

5.1. Leading evidence generation and use

In 2016, the UNICEF Latin America and Caribbean Regional Office published the Analysis of Regulations and Practices for Food and Beverage Labeling for Children and Adolescents in some Latin American Countries (Argentina, Chile, Costa Rica and Mexico) and Recommendations to Facilitate Consumer Information. The results of this study led to the conclusion that front-of-pack labeling is effective when it is designed in a simple, clear and appealing way so that it can be quickly interpreted. The study also concluded that the development of labeling should be supported and carried out using scientific evidence generated by institutions (with no conflict of interest) and be accompanied by an educational campaign to ensure its sustainability.

5.1.1. Schools as enabling environments for overweight prevention

UNICEF supported a study focusing on the role of schools in the prevention of overweight and obesity among students in Latin America and the Caribbean. The study took place in schools in Chile, Ecuador and Mexico and determined four effective actions to prevent overweight and obesity in the school environment:

- Empowerment and behavior change in food, nutrition and health.
- Increased physical activity.
- Regulations and guidelines to protect the food environment.
- Healthy eating standards in schools through the provision of high-quality food.

Notwithstanding the importance of these parameters, effective implementation and enforcement has not yet been achieved and its corresponding monitoring requires improvement. To date, there remains a high level of availability of unhealthy foods and beverages in school settings in the region.

5.1.2. Food and beverage retail environments or commercial environments

A study of retail environments published by UNICEF analyzes the strategies used in retail stores. The study’s objective is to promote the consumption of healthy foods and non-alcoholic beverages for children and adolescents and their parents or guardians (see Image 1). The study gathered information from Argentina, Brazil, Chile, Colombia, Costa Rica and
Mexico. Some of the relevant findings determined that marketing practices influence consumer purchases, promote unhealthy products and target children. The study also confirmed that techniques intended to attract children include promotions with prizes and the use of characters on packaging, while for adults, prices are the main determinant for the purchasing decision. The report concluded that both governments and companies have a responsibility and a great opportunity to help prevent childhood overweight.

5.1.3. Studies on digital marketing of food and beverages aimed at children.

During 2020, UNICEF Argentina and Mexico conducted studies on children’s exposure to digital marketing and advertising of processed products. Results demonstrated the high exposure of children to unhealthy food and beverage marketing through digital media. The lack of regulation in the promotion of these products places children in a vulnerable situation, making limits on the digital promotion of unhealthy foods and beverages a necessity.

5.1.4. Other studies

In Bolivia, in collaboration with the Food and Nutrition Unit of the General Directorate for Health Promotion of the Ministry of Health, UNICEF conducted a prevalence study of overweight and obesity in children and adolescents in educational settings. The study also analyzed other indicators related to dietary practices and intake of unhealthy foods and beverages, such as levels of physical activity and other factors that favor overweight development.

In Costa Rica, UNICEF, in coordination with the Ministry of Health and the Ministry of Education, carried out the National Survey of Nutritional Surveillance and Physical Activity in high school students, obtaining for the first time an estimate of the nutritional situation, consumption habits and physical activity in adolescents between 13 and 18 years of age. The objective is to make use of the evidence to develop strategies for overweight prevention.

In Mexico, during the 2018-2019 school year, UNICEF led a study of food and beverage consumption within secondary schools in Mexico City belonging to the National School Drinking Fountains Program. The study showed that despite existing guidelines for food and beverage sales inside schools, unhealthy products were in abundance compared to the presence of water, vegetables and fruits.

5.2. Improving the environment: policies, regulatory frameworks and strategies

5.2.1. Advocacy and technical support to improve the food environment through front-of-pack labeling

FAO, PAHO-WHO and UNICEF have contributed to the processes of implementing front-of-pack labeling systems in LAC. These organizations have provided support to academia, civil society and, in particular, to governments, to ensure children’s right to food in different countries of the region.

UNICEF, together with other UN agencies, launched in October 2020 the Ojos Cerrados campaign (see Image 2) to raise public awareness and support the
necessary half sanction in the Chamber of Deputies. The campaign focused on obesity as an epidemic, its causes and consequences, and the rights perspective promoted by UNICEF.

In October 2021, Argentina approved Law 27642 on "The Promotion of Healthy Eating"; better known as the Front-of-Pack Labeling Law, which requires mandatory warning front-of-pack labeling and orders the regulation of advertising, promotion, and sponsorship of unhealthy food and beverages and the protection of school environments, among other regulations that especially protect children and adolescents.

In the case of Brazil, the process for the design of a new labeling system began in 2014 and ended in 2020 with a warning system for added sugar, saturated fat and salt. UNICEF was actively involved throughout this process in 2019, and in partnership with the Brazilian Institute for Consumer Defense, developed a campaign (see Image 3) that reached 1.1 million people. The partnership with the Institute strengthened the advocacy process with decision-makers and led to a public debate involving the Ministry of Health and internationally recognized researchers.

Ecuador was one of the first countries where UNICEF played an important role in advocacy processes for the traffic light labeling implementation, mainly through the generation of evidence. The first evaluation of the traffic light label and a study on price elasticity in sugar-sweetened beverages were done in 2015. In 2018, advocacy activities continued through the creation of communication materials.

In 2020, Mexico implemented a front-of-pack warning labeling system as a mandatory regulation. UNICEF collaborated throughout the process by reviewing and analyzing scientific evidence on the advantages of using warning labeling, restricting the use of attractive elements geared towards children in products with a seal, and incorporating precautionary legends for sweeteners and caffeine, since their consumption is not recommended for this population group. The implementation period included a dissemination plan in which UNICEF provided support with awareness-raising videos and informative infographics (see Image 4). Documents were also prepared to consolidate main arguments and experiences for use in other countries.
In Uruguay, a decree was approved for the implementation of front-of-pack warning labels. UNICEF supported this policy and funded research to identify consumption patterns of ultra-processed products in children to highlight the food industry’s influence in promotion and consumption. The research included an evaluation of the immediate effects of front-of-pack food labeling (see Image 5) and a social media campaign to prevent the government from cancelling the measure.

In the Caribbean region, there is particular interest in implementing warning labels promoted by the Healthy Caribbean Coalition, a regional alliance supported by organizations such as PAHO and UNICEF.
5.3. Implementing interventions throughout the life cycle

5.3.1. Early childhood (under five years of age)

Breastfeeding and complementary feeding
Countries such as Ecuador, El Salvador, Honduras, Mexico and Uruguay (see Image 6) monitored the International Code of Marketing of Breastmilk Substitutes. Although progress has been made, efforts are still needed at all levels to improve implementation of the Code at the regional level, as only Brazil and Panama currently have a legal framework harmonized with the Code’s guidelines.

To promote breastfeeding and strengthen the capacities of health professionals, UNICEF and WHO supported the Baby-Friendly Hospital Initiative (BFHI) in Bolivia, Brazil, Guatemala, Honduras, Jamaica and Nicaragua.

UNICEF has also promoted interventions to facilitate, protect and support breastfeeding in different settings, including the workplace, by modifying laws, national regulations and guidelines, as in the case of Colombia (see Figure 5), Cuba, Mexico and Paraguay.

Mexico, for example, together with the private sector, led a campaign to raise awareness and promote breastfeeding in the workplace (see Image 7).
Annex 2 describes more actions to promote, protect and support breastfeeding promoted by UNICEF in Latin American and Caribbean countries.

**Complementary foods and feeding practices**

In Brazil, as part of an initiative to strengthen the capacity of health professionals, UNICEF developed and distributed a guide titled ‘10 Steps for Healthy Feeding and Habits: from birth to 2 years of age’. Nearly 4,000 mothers received the guide in participating hospitals.

With the support of UNICEF Cuba, the Centre for Nutrition and Food Hygiene developed food guides. The food guide material is focused on children up to 2 years of age and provides details on nutritional requirements for a healthy diet. These guides are geared towards health professionals, decision makers, pregnant women, families and communities.

In 2020, in Guatemala, UNICEF, the Ministry of Health, PAHO and other members of the Early Childhood Thematic Roundtable, developed a Recipe Book for Good Nutrition for Growing Children (see Image 8). This recipe book promotes healthy and adequate nutrition in quantity and quality for growing children and is oriented to improve complementary feeding of children from 6 to 24 months.

### 5.3.2. Intermediate period of childhood (5-9 years of age) and adolescence (10-19 years of age)

**Initiatives in school settings**

UNICEF Argentina, together with the National Coalition for the Prevention of Childhood Obesity in Children and Adolescents, developed the publication Healthy School Environments: Recommendations to promote school policies to prevent childhood obesity in Argentina in order to promote public policies that improve the food environment. The publication provides a series of recommendations and good practices to contribute to the prevention of obesity in children.

In 2019, UNICEF Brazil launched an online course to train teachers on healthy eating and obesity prevention among school-aged children. The online course ‘Eat Healthy, Grow Healthy’ reached a total of 3,198 teachers from municipalities in 18 states.

In countries such as Colombia, Costa Rica, Cuba and Paraguay, UNICEF works jointly with the Ministries of Health and Education to strengthen the training of teachers, parents, children and adolescents of school age through videos, illustrations, photographs, educational and recreational resources, infographics and workshops.
oriented at behavioral change and the adoption of healthy lifestyles (see Image 9).

In the case of Paraguay, UNICEF, in conjunction with the Ministry of Health, implemented the National Strategy for Prevention and Control of Obesity in Children in 2018. The activities provided the opportunity to reach 400 teachers and 3,000 students with capacity building in overweight prevention and healthy lifestyles. In addition, families and communities participated in fairs and contests for healthy living educational projects. A manual for childhood and adolescent obesity management was developed for physicians, nutritionists, and other health professionals to provide standardized guidelines for the prevention, diagnosis and treatment of obesity.

In Uruguay, UNICEF supported the Ministry of Public Health, the Ministry of Education and Culture, the National Administration of Public Education and the National Sports Secretariat in the preparation, publication and promotion of The 7 Practices in Schools to Protect Children and Adolescents from Overweight and Obesity (see Image 10). The report published in 2020 aims to establish the programmatic basis of best practices to implement in educational centers to create environments that contribute to nutrition and health improvement in the long term. The initiative included the development of communication material and reached about 30,000 teachers.

“I like this project because it will not only help the children, but us as well. Maybe we don’t know everything about obesity, we only know the basics, and with this project we are going to know more, we and the children, and also the parents.”
– Spanish and Guarani teacher in Paraguay.

Promoting and supporting physical activity

In 2020, UNICEF Chile, together with Futbol Más, promoted a project called My house, my court (see Image 11) intended to help children between 6 to 14 years of age under the care of the State to maintain a daily routine based on physical activity and sports. The project consists of weekly episodes with instructions for physical activity.

In Nicaragua, UNICEF supported the Ministry of Health in training health personnel and nutrition technicians from the country’s 19 Local Comprehensive Health Care Systems. The initiative provided health personnel with reference material emphasizing overweight prevention in preschoolers and schoolchildren as well...
as educational games linking nutrition content with physical activity for school-age children.

**Communication for social change and promotion of healthy eating**

In order to positively influence social norms and individual practices affecting maternal and child nutrition at both the community and family level, UNICEF strengthens the knowledge and skills of children, adolescents and their families and develops actions oriented towards adopting individual behaviors and social norms that improve nutrition.

In Bolivia, in collaboration with the Ministry of Health, UNICEF supported the development of the **Healthy Eating Makes Us Well** strategy (see Image 12). This initiative incorporated tools and dissemination materials for health personnel, teachers in educational units, fathers, mothers, adolescents and children.

In Colombia, between July and October 2020, journalists from eight regions of the country participated in virtual workshops which provided them with tools to support the prevention of malnutrition with an emphasis on overweight and obesity through their work as journalists.

In El Salvador, a process of consultation and debate was designed through national dialogues with children and young people (see Image 13). The dialogues were carried out in coordination with the Government and various United Nations agencies. The main objective was to analyze the country’s food systems as part of preparations for the Food Systems Summit 2021.

In Guatemala, UNICEF provided technical assistance to the Secretariat of Food and Nutritional Security (SESAN) for intersectoral and participatory construction of the Communication Strategy for Social and Behavioral...
UNICEF’s contribution

Change within the framework of the Great National Crusade for Nutrition. UNICEF also provided technical support to design the university diploma course Communication for Social and Behavioral Change of the Great National Crusade for Nutrition for members of all Food and Nutritional Security Commissions at the departmental and municipal levels.

In Mexico, UNICEF worked with the National Institute of Public Health, the Ministry of Health and the National System for Integrated Family Development to implement the NUTRES strategy (see Image 14). The purpose of this strategy is to contribute to behavioral change in favor of healthy eating. Mobile devices are used to send ongoing, personalized and culturally relevant messages to pregnant women and caregivers of vulnerable children under 5 years of age.

Jacqueline Espiga of Liceo Nueva Palmira in Uruguay motivated her students to design change plans for healthy eating. What did they discover by promoting healthy habits in their school nutrition programme? Francesca, Guadalupe, Nahuel and Jorgelina share their experience in this video.

“I like ‘My house, my court’ programme because we do things that entertain us and we don’t get bored at home. My mom helps me with the supplies for every challenge”.

– Victor, age 8.
5.4. Nutrition, Healthy Eating and Physical Activity in COVID-19 context

Between July 2020 and March 2021, UNICEF conducted two surveys in eight countries in the region using the U-Report platform to collect perceptions on food consumption, nutrition and physical activity of nearly 9 thousand adolescents. Results\(^4\) point to a deterioration in eating and physical activity practices of adolescents and young people as a consequence of the COVID-19 pandemic crisis (see details in the section on COVID-19 and obesity).

As part of this initiative, adolescents shared their recommendations on what global and national leaders should do to ensure good nutrition during and after the pandemic. Recommendations include strengthening the quality of nutrition education; reducing healthy product prices; increasing unhealthy product prices; helping and protecting the most vulnerable groups; promoting physical activity and providing open spaces for it; and promoting healthy product advertising.

In response to these findings, in 2021, the UNICEF Latin America and Caribbean Regional Office initiated the first phase of a communication campaign (see Image 15) to promote healthy habits during the pandemic.\(^5\)

In Argentina, Brazil,\(^6\),\(^7\) and Uruguay,\(^8\) various studies were conducted on food and the marketing of ultra-processed products. The main results are described in the section related to COVID-19 and overweight in the region.

Ecuador, in the context of COVID-19, created the strategy Comeaventuras\(^9\) to prevent overweight and obesity in children from 3 to 12 years of age. This initiative includes a 22-chapter animated miniseries, tales, music videos, an animated game, articles, infographics and pedagogical guides to promote healthy eating habits.

Image 15. U-Report Campaign

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How can we to ensure good nutrition for young people during and after COVID-19?

“We must inspire young people, boys and girls to eat well because if not, when they grow up they may have difficulties.” (12-year-old boy, Ecuador).

“Find a way to make healthy food more affordable than junk food and promote more healthy options.” (16-year-old teenager, Barbados).

What does it mean to eat well?

“Eating well means eating foods that provide nutrients.” (14-year-old teenager, Argentina).

“Eating well means consuming everything the body requires to function well.” (16-year-old teenager, Costa Rica).

Get to know more about the effects of the COVID-19 pandemic on nutrition and physical activity in adolescents and young adults.
In Honduras and Mexico, UNICEF supported the government response with food deliveries as part of a broader package of actions in collaboration with authorities. UNICEF Honduras channeled resources to the country’s municipalities to support 6,381 households with food. In Mexico, in collaboration with the National System for the Integrated Development of Families and the private sector, UNICEF supported close to 40,000 families in marginalized areas with provisions of healthy food through baskets and coupons concurrently, educational material on healthy eating was handed out during COVID-19.

In Mexico, UNICEF also supported the Ministry of Education in drafting an upper-level teacher’s course titled “Healthy and Sustainable Eating Module” as well as developing audiovisual material for the ‘Learn at Home’ platform. ‘Learn at Home’ was developed as part of an e-learning programme during the 2020-2021 school year and reached nearly 23 million children between 6 and 15 years of age nationwide.

In other countries such as Colombia, El Salvador, Peru, Paraguay, Uruguay and Venezuela, UNICEF promoted breastfeeding (see Annex 2) as a safe practice that prevents the transmission of COVID-19 (see Image 16). In El Salvador and Guyana, for example, general recommendations for breastfeeding were distributed, including hand washing and the use of masks.

Find out more about the fun episodes that promote healthy habits at home with Comeaventuras here.

Image 16. Initiatives to promote breastfeeding as a safe practice during the pandemic in Colombia, Paraguay and Venezuela
Childhood Overweight: A Call for Prevention in Latin America and the Caribbean
Conclusions

1. Overweight has become a public health concern that should be a priority on health and sustainable development agendas at the regional level due to its impact on the health and development of children.

2. Overweight in children should be considered a comprehensive children’s rights protection issue. It is necessary to prioritize prevention during the first years of life since this period is a window of opportunity to guarantee the right to food, nutrition and health of children.

3. Despite the fact that overweight is one of the main public health problems in most of the LAC region, several countries have not yet included it among their public policy priorities.

4. People who have overweight, including children and particularly those with obesity, face a higher risk of suffering serious consequences caused by COVID-19 such as hospitalization, the need for intensive care, mechanical ventilation and even death.

5. COVID-19 has generated alterations in food systems that could lead to a possible increase in consumption patterns of ultra-processed products rich in added sugars, saturated fats, and salt. In addition, exposure to new marketing strategies of these products and a decrease in the practice of physical activity may potentially contribute to the deepening of overweight problems and chronic noncommunicable diseases.

6. Obesogenic food environments—environments that promote obesity—together with the consumption of ultra-processed products and sugar-sweetened beverages are the main risk factors associated with overweight.

7. Food, education, health, sanitation and social protection systems, among others, play a key role in preventing overweight.

8. Schools play a crucial role in prevention of overweight since the school environment influences healthy eating habits and levels of physical activity that may accompany children for the rest of their lives.
9. It is essential to strengthen regulatory frameworks to regulate production, distribution, promotion, advertising and sale of unhealthy food and beverages and to prioritize the availability and accessibility of healthy products. High exposure to marketing and advertising of unhealthy foods and beverages and a lack of product promotion regulation puts children in a vulnerable situation. Clear limits need to be set for the promotion of these products.

10. A leading regulatory measure implemented in the LAC region is front-of-pack warning labeling on processed products. Evidence shows that it contributes to healthier choices by consumers if it is clear and easy to grasp.

11. The main interventions promoted by UNICEF in the framework of overweight prevention are oriented at improving the environment through policy, regulatory frameworks and strategies; implementing interventions throughout the life cycle while considering different systems such as health, education, water and sanitation and social protection; and generating and using knowledge, including monitoring and reporting.

12. Both advocacy and communication for social and behavioral change positively influence social norms and individual practices that affect maternal and child nutrition. They also strengthen knowledge, skills and behaviors that improve nutrition.

13. UNICEF supports governments, NGOs and others to act on several initiatives such as situational analysis, environmental influence and life cycle activity.

14. Despite progress made, there is a need to accelerate action to eradicate overweight and promote a healthier diet during and after the pandemic, particularly in countries with the highest prevalence of overweight and obesity.

15. Civil society organizations have played a key role in developing and implementing policies and strengthening regulatory frameworks for overweight prevention.

16. Leaders and stakeholders from all sectors, including the private sector (free of conflict of interest), can have an impact on local and international standards compliance and can implement business models that consider better corporate accountability in relation to child nutrition, positioning and keeping children and their rights at the center of corporate policies.
1. Recognize the central role of food, health, water and sanitation, education and social protection systems, in making it possible to ensure affordable and sustainable nutritious food for children, adolescents and women while guaranteeing essential nutrition practices and services throughout the life cycle.

2. Strengthen legal and regulatory frameworks, orienting them to promote healthier environments that protect children. This includes the following priority regulatory actions:
   - Regulate marketing practices that target children and their families with clear restrictions and limits to reduce the power and exposure of harmful marketing.
   - Implement simple, clear, consistent, and conspicuous front-of-pack labeling so that it can be easily and quickly interpreted.
   - Mandate food reformulation reducing sugar, fat and salt.
   - Implement fiscal measures to limit the consumption of unhealthy products.
   - Regulate school environments and food in schools.
   - Implement the International Code of Marketing of Breastmilk Substitutes in legal frameworks.

3. Use scientific evidence generated by institutions that have no conflict of interest to support Go deeper and strengthen academic research agendas related with overweight prevention.

4. Incorporate a rights-based approach in discussions and debates related to the design and implementation of measures to address overweight and obesity prevention. This includes placing children at the center of decision-making and considering the best interests of children in the design of interventions, policies and regulatory frameworks.

5. Prioritize interventions to prevent overweight during the first years of life, including initiatives to protect, promote and support breastfeeding and complementary feeding.

6. Implement actions in the school environment to establish healthy eating standards through the provision of high-quality food and water; increase physical activity and create regulations and guidelines to protect their nutrition and food environment.

7. Increase investment in actions oriented at preventing overweight.

8. Involve all sectors that have a key role in prevention of the problem such as education, civil society and the private sector, among others.

9. Shift the narrative from an individual approach to a systems approach, placing the rights of children and adolescents in the center of decision making.

10. Base actions on solid scientific evidence to design public policy and interventions oriented at preventing overweight.

11. Strengthen the documentation of experiences at the regional level, reinforcing mechanisms to monitor and evaluate interventions and policies.
12. Strengthen the overweight prevention agenda throughout the region, particularly countries of Central America and the Caribbean. Prioritize countries with a higher prevalence and support the dissemination of strategies and successful experiences across the region.

13. Go deeper into overweight prevention in a coordinated manner. Strengthen academic research agendas so that civil society can advocate for public policies based on strong evidence.

14. Advocate for the private sector to contribute to prevention of childhood overweight, ensuring that no conflicts of interest arise and in compliance with the UN Guiding Principles on Business and Human Rights, Children’s Rights, and Business Principles. Here are some actions that can be promoted from this sector:

- Promote and support breastfeeding in the workplace as a corporate policy.
- Comply with the International Code of Marketing of Breast-Milk Substitutes guidelines.
- Create work environments that promote healthy eating and physical activity and are respectful of family life, where employees receive the support they need to balance their work and family responsibilities.
- Respect and comply with local and international standards and regulatory frameworks both for advertising that promotes fresh foods at a fair and accessible price for advertising that promotes unhealthy food and beverages.
- Promote and support physical activity in safe environments for children.
- Position and keep children and their rights at the center of company policies.
### ANNEXES

**Annex 1.** Policies and programmes implemented in Latin America and the Caribbean for prevention, care and control of obesity and chronic noncommunicable diseases.

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Objective</th>
<th>Lines of action</th>
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<tbody>
<tr>
<td><strong>CENTRAL AMERICA</strong></td>
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| Belize | Belize National Plan of Action for Prevention and Control of Non-Communicable Diseases 2013-2023<sup>26</sup> | Reduce premature mortality caused by the four major NCDs (cardiovascular disease, cancer, diabetes and lung disease) by 25% by 2023. | • Stimulate intersectoral action that promotes availability, accessibility and consumption of healthy foods for the belizians.  
• Create and implement policies and strategies that promote physical activity.  
• Create and implement a comprehensive health communication strategy. |
| Costa Rica | National Food and Nutritional Security Policy 2011-2021<sup>27</sup> | Strengthen comprehensive care for overweight and obesity at the interagency and intersectoral level. | • Regulate the consumption of unhealthy food in educational and other centers for specific groups and food services. |
| El Salvador | National Food Security and Nutrition Policy 2018-2028<sup>27</sup> | Strengthen the approach to overweight and obesity. | • Implement an educational and communication strategy to improve eating behaviors and physical activity practices. |
| Guatemala | Great National Crusade for Nutrition<sup>36</sup> | Strengthen basic services in the country in a permanent and timely manner. | • Improve infrastructure in rural and urban areas.  
• Make piped water potable or treat water at the household level (for example: using filters) |
| Honduras | Long-term National Food and Nutritional Security Policy (PSAN) and National Food and Nutritional Security Strategy (ENSAN): PyENSAN 2030<sup>29</sup> | Generate more economic and social services to provide healthy and nutritious food on a stable basis. | • Implement community, school and family gardens as training spaces for “learning by doing,” reinforcing creative, innovative and reproductive capacities of good practices in production of nutritious and healthy food.  
• Establish and implement legislation to regulate promotion and advertising of processed and ultra-processed products, seeking to favor food preferences of the population for healthy eating, especially children. |
| Panama | National Food and Nutritional Security Policy 2017-2021. Nutrivididas/AIN-C (MINSA)<sup>32</sup> | Contribute to reduce the prevalence of low height for age, anemia and overweight and obesity in children under 2 years of age and pregnant women in the indigenous regions of Guna Yala, Emberá Wounaan and Ngäbe Buglé, through the promotion of good practices and change of eating and care habits. | • Improve interpersonal communication.  
• Promote community participation and accountability.  
• Include self-instruction modules on feeding and nutrition of children under 2 years of age (anthropometry, health and nutrition communication, feeding care, exclusive breastfeeding, etc.). |
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<tr>
<th>Country</th>
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| Central American Integration System (SICA) and the Dominican Republic | Strategy for the Prevention of Overweight and Obesity in Children and Adolescents 2014-2025<sup>‡</sup> | Strategic Component 3: Fiscal policies and regulation of processed and ultra-processed food labelling. | - Promote fiscal policies, such as subsidies, incentives or tax deductions that boost healthy eating.  
- Introduce tax measures to reduce consumption of unhealthy foods and soft drinks with high sugar content.  
- Encourage behavioral changes in the population to opt for healthy diets, according to national dietary guidelines by life cycle.  
- Promote environments that encourage or facilitate regular physical activity in the community.  
- Encourage access to parks and public spaces for physical activity. |

**NORTH AMERICA**

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<tr>
<th>Country</th>
<th>Name</th>
<th>Objective</th>
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</table>
| Mexico | National Strategy for Prevention and Control of Overweight, Obesity and Diabetes<sup>‡</sup> during the 6-year period 2012-2018 | Improve the levels of well-being of the population and contribute to sustainability of national development.  
Decreasing prevalence of overweight and obesity in Mexicans and reverse the non-communicable diseases epidemic, particularly type 2 diabetes mellitus, through public health interventions, a comprehensive health care model and intersectoral public policies. | Public health - Epidemiological surveillance; health promotion and educational communication.  
- Health care: quality and effective access.  
- Health regulation and fiscal policy: labeling, advertising and fiscal measures. |

<sup>‡</sup>Countries from the Central American Integration System: Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Belize and Dominican Republic.
### Country | Name | Objective | Lines of action
--- | --- | --- | ---
**SOUTH AMERICA**

#### Argentina

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<tr>
<th>Name</th>
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| National Healthy Eating and Obesity Prevention Programme | Achieve control of overweight and obesity, and promote healthy eating. | - Promote healthy eating through food and nutrition education.  
- Promoting and regulating environments:  
  - Healthy school environments  
  - Develop the Healthy School Environments Guide, published by resolution 564/2019  
  - Provide legislative advice to the provinces for enactment of laws on healthy school environments.  
  - Implement front-of-pack food labeling  
  - Provide technical assistance for the regulation of the recently approved law.  
  - Participate in Working Subgroup 3 and in the coordination of the Intergovernmental Commission on Food and Nutritional Security (Mercosur). |

#### Bolivia

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<th>Name</th>
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| Promotion of Healthy Eating Law | Establish guidelines and mechanisms to promote healthy eating habits in the Bolivian population in order to prevent diet-related chronic diseases. | - Promote healthy eating habits and encourage physical activity.  
- Regulate advertising of food and non-alcoholic beverages.  
- Regulate food and non-alcoholic beverages labeling. |

#### Brazil

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<tr>
<th>Name</th>
<th>Objective</th>
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| Growing Up Healthy Programme (National Food and Nutrition Policy) | Contribute to prevention, control and treatment of childhood obesity (joint actions with the School Health Program). | - Evaluate nutritional status of children under 10 years of age.  
- Offer collective activities to promote adequate and healthy nutrition for children.  
- Provide sports or active recreation activities.  
- Promote treatment for children with obesity. |

*The National Program for Healthy Eating and Obesity Prevention in Argentina depends on the National Directorate for the Comprehensive Approach to Non-communicable Diseases.*
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<tr>
<th>Country</th>
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| Chile      | Contrapeso Plan against student obesity[105]                          | Combat student obesity by implementing lines of actions and measures, harmonizing the designs of JUNAEB programmes and creating synergy with public-private initiatives.                                                                                     | The plan is composed of 6 lines of action:  
• Healthy and tasty food  
• Promotion of physical activity from pre-kindergarten.  
• Education in healthy habits  
• Innovation and technology  
• Research and knowledge  
• Dissemination plan                                                                                                                                                                                                                                                                                  |
| Colombia   | ReSA® Food Security Network[103]                                       | Promote food security for poor households of the country, contributing to access and consumption of healthy food. This objective is met by promoting food production by families and communities for their own use; encouraging healthy eating habits; and using local food and products.                                      | • Ethnic ReSA: Contribute to food autonomy of different ethnic groups, promote local products and food production for self-consumption and strengthen food culture.  
• Rural ReSA: Improve access to food through production for self-consumption (vegetable gardens), promotion of healthy eating habits and use of local food and products according to the productive capacity of the particular territory.                                                                                                                                                       |
| Ecuador    | National Programme of Healthy Municipalities and Markets[107]         | Guarantee sale of nutritious and safe food.                                                                                                             | • Offer diverse, culturally appropriate and quality foods that do not present health risks.  
• Disseminate the advantages of consuming fresh, organic, native and seasonal foods, as well as consumption of traditional foods.  
• Have spaces and facilities that favor exchange of information on the importance of a balanced diet and healthy lifestyle practices.  
• Facilitate the exchange between vendors and citizens, through a space for meetings and social cohesion.                                                                                                                                                                                                                          |
• By 2025, implement regulations for front-of-pack labeling on processed food and for 80% of bakery companies to comply with the reduction of salt content in mass consumption baked goods.                                                                                                                                                                                                 |
| Peru       | Promotion of Healthy Eating for Children and Adolescents Law of Peru (Law 30021), enacted in 2013 and regulated in 2017 | Protect and promote the right to public health, focusing on children, and thus reduce and eliminate diseases related to overweight, obesity and chronic non-communicable diseases.                                                                                                       | • The law has a broad scope covering actions in schools, the community and the private sector, and an Observatory of Nutrition and Study of Overweight and Obesity responsible for coordinating and monitoring implementation.  
• Some progress has been made; for example, guidelines for school kiosks, canteens and cafeterias were approved (2019 and 2020); new food guidelines were launched for the Peruvian population (2019); and front-of-pack labeling of processed foods was approved and implemented (2019). |
<p>| Uruguay    | Decree No. 034/21[103]                                               | Deliver simple, easy-to-find and easy-to-understand information to the population promoting informed food selection and encouraging the consumption of foods with a favorable nutrient profile.                                                                         | • Label packaged products with octagons if they exceed certain sugar, fat or sodium limits.                                                                                                                                                                                                                                                          |</p>
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<tr>
<th>Country</th>
<th>Name</th>
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| Venezuela       | Nutripunto                                                           | Raise awareness among the population about the risk of NCDs due to poor diets, overweight and physical inactivity and promote changes in their eating habits and nutritional health. | • Carry out a nutritional diagnosis in order to create awareness in the Venezuelan population about the importance of good eating and nutritional habits.  
There are 4 types of “Nutripunto”:  
• Nutripunto Cielo Abierto: Hand in hand with the food market, it seeks to provide effective information that allows self-criticism about the factors that prevent the development of healthy diets and food and nutrition education.  
• Institutional Nutripunto: Workshops are held in ministries, agencies and government entities.  
• Community Nutripunto: The community receives nutritional evaluation sessions.  
• Sports-Recreational Nutripunto: Activities are carried out in parks. |
| CARIBBEAN       |                                                                      |                                                                                               |                                                                                                                                                  |
| Cuba            | National Strategy for the Prevention and Control of Obesity          | Contribute to improve the state of health and nutrition of the Cuban population through development of a strategy for food and nutrition education that guarantees a healthy diet. | In charge of the Ministry of Food Industry:  
• Reduce the amount of sugar in beverages and sweets produced by the industry.  
• Guarantee the correct nutritional labeling of products. |
| Dominican       | Strategy for the Prevention and Control of Overweight and Obesity    | Strategic Component 3: Fiscal policies and regulation of advertising and ultra-processed foods. | • Formulate policies on food promotion and advertising, with emphasis on foods that are high in sugar, fat and salt.  
• Create a system for monitoring compliance with policies.  
• Strengthen regulatory frameworks for sale of unhealthy foods and carbonated beverages in schools. |
| Republic        | 2014-2025                                                            |                                                                                               |                                                                                                                                                  |
| Trinidad y      | National Strategic Plan for the Prevention and Control of Non-       | Halt and reverse the increase in childhood and adolescent obesity in the Caribbean by 2025.    | • Implement coordinated programmes and activities that highlight critical actions for prevention and control of overweight and obesity. |
| Tobago          | Communicable Diseases: Trinidad and Tobago 2017-2021 Caribbean     |                                                                                               |                                                                                                                                                  |
|                 | Wellness Day (CWD)                                                   |                                                                                               |                                                                                                                                                  |
| Caribbean       | United Nations Multi-Country Framework for Sustainable Development   | Provide member countries with the tools, partnerships and resources necessary for them to achieve national and sub-regional goals and development priorities in an inclusive and equitable manner. | • “Healthy Caribbean” includes focusing on issues of health and well-being, nutrition and food security, and water and sanitation.  
• The two dimensions reflected in the outcomes are universal access to quality health care services and systems, and laws, policies and systems to support healthy lifestyles in all segments of the population. |
| Community*      |                                                                       |                                                                                               |                                                                                                                                                  |

*Caribbean Community countries: Haiti, Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Belize, Guyana, Suriname.
## Annex 2. Actions implemented by UNICEF in the field of breastfeeding

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<tr>
<th>Country</th>
<th>Strategy</th>
<th>Description</th>
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<tr>
<td><strong>Promotion of breastfeeding in the workplace</strong></td>
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<tr>
<td>Colombia</td>
<td>Breastfeeding in the workplace</td>
<td>To guide human resources areas of partner companies to promote, protect and support breastfeeding, a monitoring and evaluation plan was established for the implementation of the guide developed for companies along with an online learning module.</td>
</tr>
</tbody>
</table>
| Cuba | Legal framework modification | Advocacy work and support for the promotion and protection of breastfeeding through laws and resolutions:  
  - Constitution of the Republic, 2019 (Art. 77 and 78)  
  - Decree Law 234 of August 2003 on the Maternity of Women Workers  
  - National Plan for Food Sovereignty and Nutritional Education  
  - The modification of two regulatory instruments were promoted (Law to Prevent and Eradicate Discrimination and the Draft of the Mexican Official Standard 050 to protect, promote and support breastfeeding), in order to guarantee compliance with the legislation that protects the right of working mothers to breastfeed their babies by means of a permit.  
  - Support the National System for the Comprehensive Protection of Children and Adolescents in Mexico (SIPINNA) and a Plan of Action for early childhood care. In addition, through national dialogues in the framework of the World Food Systems Summit, other priority areas were included such as the prevention of all forms of malnutrition during the first thousand days of life and a communication programme for social and behavioral change, as part of the National Strategy for Healthy, Fair and Sustainable Food of the Ministry of Health. |
| Mexico | Research study to identify areas of opportunity to influence implementation of policies in favor of breastfeeding policies | UNICEF and Universidad Iberoamericana conducted a study with the main objective of identifying areas for improvement in breastfeeding policies in the workplace in Mexico in order to generate evidence-based recommendations to strengthen the policy and its implementation. |
| Mexico | Guide for the installation and operation of workplace breastfeeding rooms | The guide was prepared by UNICEF in conjunction with the Ministry of Labour and Social Welfare, the Mexican Social Security Institute, and the Ministry of Health. In addition to the guide, a micro website, a virtual course and educational materials for employees and employers were created to promote a breastfeeding culture in the workplace. |
| Mexico | Awareness campaign "If you wouldn’t do it" (‘Si tú no lo harías) | This was a campaign aimed at employees and employers to generate more favorable conditions to enable breastfeeding in the workplace. The campaign included a video that seeks to raise awareness of the problems that women face when their workplaces do not have decent and hygienic spaces for breastfeeding or for pumping and storing milk. |
| Panama | Campaign to support the Breastfeeding | - Panama has been promoting breastfeeding in conjunction with the National Council for the Promotion of Breastfeeding (CONFOLACMa / MINSA - representing the Panamanian state).  
  - The initiative consists of the development of informative materials for social media and other communication channels (not massive) that are disseminated to the network of CONFOLACMA.  
  - Since 2020, the private sector has been actively involved as a partner in the campaign.  
  - Additionally, UNICEF accompanied the inauguration and installation of breastfeeding rooms, both in public institutions and private companies, providing visual materials for these spaces. |
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<tr>
<th>Country</th>
<th>Strategy</th>
<th>Description</th>
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<tr>
<td>Paraguay</td>
<td>Guidelines on breastfeeding rooms</td>
<td>With the support of UNICEF, the Ministry of Public Health and Social Welfare approved, through the Resolution S.G. No. 291, the Technical and administrative guidelines on breastfeeding rooms for public and private institutions and companies in compliance with Law No. 5,508/15 on promotion, protection of maternity and support for breastfeeding and its Regulatory Decree No. 7,550/77. Having breastfeeding rooms in the workplace allows women who are breastfeeding to pump and preserve breast milk in accordance with technical safety standards and then transport it home. The space constitutes an action to protect, promote and support exclusive and continuous breastfeeding, as established by Law 5,508/2015. Likewise, UNICEF supported the training of companies with the implementation of breastfeeding rooms and distributed leaflets to support breastfeeding at the workplace.</td>
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**Actions coordinated by UNICEF as part of the Baby-Friendly Hospital Initiative (BFHI) and Code monitoring**

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<tr>
<th>Country</th>
<th>Strategy</th>
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<tr>
<td>Bolivia</td>
<td>Implementation of the MCFHI initiative</td>
<td>• In collaboration with the Ministry of Health, actions were developed to increase the accreditation of health facilities as Mother and Child Friendly Hospitals. Facilitators were trained in the implementation of the Mother and Child Friendly Hospital Initiative (MCFHI), and personnel from first level health facilities and mother and child hospitals were trained in the nine regions of the country. • Currently, 234 health facilities are accredited as Mother and Child Friendly Hospitals. • A Guide for implementation of breastfeeding rooms was also prepared and approved by the National Breastfeeding Committee. The programme will be implemented during 2021.</td>
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<td>Brazil</td>
<td>Implementation of the MCFHI initiative</td>
<td>As part of this intervention, health personnel were trained to provide recommendations and care on breastfeeding and complementary feeding through various educational materials. Mothers received the material ‘10 steps for healthy feeding and habits.’ More than 3,000 families have been reached in three capital cities. The project will continue until 2022 in seven other capitals.</td>
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<tr>
<td>El Salvador</td>
<td>Child- and Mother-Friendly Health Facilities Initiative</td>
<td>The initiative, launched in 2005 with UNICEF support, continued through 2020. To date, more than 150 facilities have been certified and, due to physical distance restrictions, certification will resume in August 2021. Approximately 15 more facilities are expected to be certified.</td>
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<tr>
<td>Guatemala</td>
<td>Implementation of the BFHI initiative</td>
<td>The Ministry of Health published an agreement to implement the Baby-Friendly Hospital Initiative on a mandatory basis. There are currently 18 permanent care centers, 4 comprehensive maternal and child care centers, and 14 hospitals certified with the Breastfeeding Friendly Health Services Initiative (BFHSI). In addition, because approximately 40% of births in Guatemala are performed by midwives, the Breastfeeding Promoter Midwives Initiative was created, which has led to the recognition of approximately 2,000 midwives as promoters of breastfeeding.</td>
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<tr>
<td>Honduras</td>
<td>Monitoring the International Code of Marketing of Breast Milk Substitutes</td>
<td>Together with IBFAN, PAHO/WHO and INCAP (Institute of Nutrition of Central America and Panama), a virtual monitoring of the International Code of Breastmilk Substitutes was conducted in 21 of the country’s 26 hospitals, 14 of which are accredited with the Baby-Friendly Hospital Initiative.</td>
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<tr>
<td>Jamaica</td>
<td>Implementation of the BFHI initiative</td>
<td>• During 2020, Jamaica implemented the BFHI initiative as a standard to certify those services that promote, protect and support breastfeeding. • UNICEF has expanded its support for breastfeeding education and outreach in prenatal and postnatal clinics in Jamaica’s 350 public health centers and hospitals that provide maternity care and served a total of 46,800 women between January and November 2020. • In addition, the promotion of exclusive breastfeeding by the Ministry of Health was strengthened in 2020 with the expansion of the National Infant and Young Child Feeding Network (NIYCFN). • A total of 185 NIYCFN members were trained as breastfeeding support group facilitators. As a result of this capacity building, 43 breastfeeding support groups have been established throughout the island.</td>
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<td>Country</td>
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| Nicaragua   | Updating institutional instruments                                        | • Approved by the Ministry of Health, the Breastfeeding Standard 060 includes the 13 steps adopted by Nicaragua for compliance with the Child and Mother Friendly Units Initiative (CMFUI).  
• Health personnel at the national level have already been trained on this topic, including on the application of a checklist that allows monitoring this strategy in health facilities. |
| Nicaragua   | Monitoring the International Code of Marketing of Breast Milk Substitutes  | UNICEF and INCAP, in support of the Ministry of Health, developed a national research on monitoring the International Code of Marketing of Breast Milk Substitutes with the participation of the 19 of the Local Systems of Integrated Health Care (SILAIS) in the country as a way to support and promote breastfeeding. |
| Nicaragua   | Child- and Mother-Friendly Health Facilities Initiative                   | • Since the beginning of the implementation of the Child and Mother Friendly Units Initiative, 3 SILAIS have been certified, with 100% of their units and pre-provision medical clinics, 21 national hospitals, 23 primary hospitals, 102 health centers and 669 family and community health teams.  
• In 2019, 29 health units were re-certified. Five of them are regional or departmental referral hospitals, 11 primary hospitals, and 13 health centers.  
• In 2021, the workshop Update to Evaluators on the New PAHO/UNICEF Guidelines of the Child and Mother Friendly Units Initiative was held which included early attachment indicators and breastfeeding support groups in the monitoring of quality-of-care indicators. |
| Paraguay    | Guidelines for the Implementation of the Baby- and Mother-Friendly Health Service Initiative (BFHSI) | • The Ministry of Public Health and Social Welfare approved, through Resolution SG N° 089, the Guidelines for the Implementation of the Baby and Mother-Friendly Health Service Initiative (BFHSI) in Paraguay as a requirement to certify those services that promote, protect and support breastfeeding.  
• The certification process has been initiated for 10 mother and child hospitals and more than 70 family health units belonging to the network of primary care hospitals (Lineamiento ISSANM- Paraguay). |
| Cuba        | Dietary guidelines                                                        | • As part of the actions to establish guidelines for breastfeeding practice, the food guides were evaluated and modified and now include information on exclusive breastfeeding, complementary feeding and prolongation of breastfeeding. |
| El Salvador | Pan para tu Matata Colección 1 y 2                                       | • The Pan para tu Matata campaign was developed jointly with Save the Children. It prioritized children and family nutrition issues, such as breastfeeding and complementary feeding in emergencies, and included hand washing. The campaign was published in Facebook, Instagram, YouTube, Twitter and a website. |
| El Salvador | Breastfeeding Publications                                                 | • Prior to the Pan para tu Matata campaign, UNICEF was the first to promote safe breastfeeding in the context of COVID-19, following protective measures for the mother and her baby. Informational materials on breastfeeding were used and images were posted on social media. |
| Argentina   | Dissemination of communication materials                                  | • In alliance with different organizations, food and nutritional recommendations on breastfeeding hygiene and food preparation were prepared and disseminated.  
• More than 4,700 families and 696 community diners from popular neighborhoods of the country were reached. |
| Argentina   | Strengthening of breastfeeding centers in maternity wards                 | • Along with the Ministry of Health of the Nation, 4,309 health professionals from the country’s Maternity Hospitals were trained virtually to promote the maintenance of human breastfeeding in the context of COVID-19. The course was based on contents about the organization, operation and procedural guidelines of Breastfeeding Centers. Within this framework, UNICEF donated 10 human milk pumps to 10 breastfeeding centers in the country. |
| Colombia    | Capacity-building in the context of COVID-19                              | • In Colombia, the capacities of health workers and community agents in breastfeeding and COVID-19 were strengthened and concerns and doubts about this practice were addressed, especially in the initial phase, when evidence was limited. Virtual workshops were also promoted with professionals from implementing partners on infant and young child feeding, nutritional assessments and prevention strategies for different forms of malnutrition. |

Promotion of breastfeeding through communication campaigns

Breastfeeding in the context of COVID-19
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<th>Country</th>
<th>Strategy</th>
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| El Salvador  | Donations to: 1. Kangaroo Strategy 2. Human milk collection centers 3. Human milk banks | • In support of the continuity of specific breastfeeding services, personal protective equipment was donated so that women could continue to safely donate human milk. Supplies for milk extraction and storage, hygiene and stimulation items, play kits, etc. were also distributed.  
• Together with the Ministry of Health, UNICEF promoted the campaign Sin dudar, da le lactar (‘Without Hesitation, Breastfeed your Baby’) through press releases, radio and television interviews and webinars, as well as the distance early childhood development counseling toolkit ‘24 Months with Your Baby: Every Day Counts.’ The toolkit contains a series of 22 micro-videos with information to promote breastfeeding during COVID-19. |
|              | Protection and support of breastfeeding in conjunction with CILAM and the Neonatal Alliance | • UNICEF as the leader of the Nutrition Working Group, trained members of the SAN cluster to include breastfeeding promotion and protection actions in their interventions. In addition, it provided guidance on emergency food baskets so that breast milk substitutes were not included in their projects or in shelters, which was adopted by local and international NGOs.  
• MILESTONES: Advocacy for inclusion of breastfeeding promotion and protection actions within the regional 345W platform and in the Humanitarian Response Plan. The objective was to strengthen capacities of maternal and child health programme personnel in 396 health centers of the public health network in all states of the country and to broaden their knowledge of methodologies to form community support groups in favor of breastfeeding in pandemics. |
| Paraguay     | Breastfeeding: The best for your baby, especially in times of COVID-19 | • UNICEF worked with the Ministry of Public Health and Social Welfare to create printed and audiovisual materials in Spanish and Guarani to promote breastfeeding.  
• At the community level, community-based nutrition was supported through maternal support activities emphasizing feeding in emergency situations. Work was carried out with community agents, health promoters, volunteers and community leaders, and the breastfeeding and infant feeding flipchart was used.  
• Capacity building for primary health care professionals in early childhood nutrition, breastfeeding and complementary feeding was carried out through tele-training. |
| Peru         | Campaign ‘Without Hesitation, Breastfeed your Baby’ and instructive ‘24 Months with your Baby: Every Day Counts’ | Together with the Ministry of Health, UNICEF promoted the campaign Sin dudar, da le lactar (‘Without Hesitation, Breastfeed your Baby’) through press releases, interviews on radio and television and webinars, as well as the distance counseling manual for early childhood development ‘24 Months with your Baby: Every Day Counts.’ The toolkit contains a series of 22 micro-videos with information to promote breastfeeding during COVID-19. |
| Peru         | Breastfeeding: Much More than Just put to Breast                          | UNICEF adapted the WHO recommendations and worked together with the Ministry of Public Health and the Uruguayan Pediatrics Society to develop guidelines for professionals. UNICEF designed a guide and a video on breastfeeding management in the context of COVID-19 for mothers, fathers and caregivers. |
| Uruguay      | Uruguay Crece Contigo                                                      | Breast pumps were provided to the most socially disadvantaged families to facilitate conditions that could support the practice of breastfeeding. |
| Venezuela    | Capacity-building in the context of COVID-19                              | In Venezuela, 1,435 professionals from the public health system were trained as infant and young child feeding counselors with adaptation to the COVID-19 context. The objective was to strengthen capacities of maternal and child health programme personnel in 396 health centers of the public health network in all states of the country to broaden their knowledge of methodologies to form community support groups in favor of breastfeeding in pandemics. |
References


