



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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### **REPORT OF THE PANEL ON THE PAN AMERICAN ALLIANCE FOR NUTRITION AND DEVELOPMENT FOR THE ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS**

#### **Introduction**

1. The Pan American Health Organization and several agencies of the United Nations system held a panel discussion on the **Pan American Alliance for Nutrition and Development**. The purpose of this initiative is to pool and coordinate international cooperation efforts and resources to propose, carry out, monitor, and evaluate integrated, coordinated, and sustainable programs and interventions that address the multicausality of malnutrition within the framework of human rights and the gender approach.
2. The organizers of the panel proposed the following objectives:
  - Promote a multisectoral interprogrammatic approach and integrated interventions based on the conceptual model of health determinants
  - Reaffirm the commitment of the United Nations agencies to work together to heighten the impact of interventions to fight malnutrition and make them more sustainable
  - Urge the Member States to adopt this approach as the political-strategic focus to accelerate achievement of the Millennium Development Goals
  - Identify opportunities, strategic partners, and funding sources to implement the strategies and programs conceived and designed from the perspective of the Alliance

## **Opening**

3. Welcome and introduction of the Panel by Mrs. Sara Ferrer Olivella, representing the UNDP/Spain MDG Achievement Fund

4. Mrs. Ferrer began her talk indicating that in this time of financial crisis, with barely six years left to meet the target date for the attainment of the Millennium Goals, partnerships are essential. The UNDP/Spain fund is therefore promoting a multisectoral approach involving agencies of the United Nations system and different State sectors. The program “Thematic Window on Children, Food Security, and Nutrition” of the UNDP/Spain MDG Achievement Fund has financed the proposals of eight countries, providing roughly \$50 million for this purpose.

### ***Presentation of Dr. Oscar Ugarte Ubilluz, Minister of Health of Peru***

5. Dr. Ugarte gave the presentation “Nutrition and Development: The Experience in Peru.” In it, he described the nutritional situation in Peru and underscored that like other countries in the Region, such as Bolivia, Ecuador, Haiti, Honduras, Guatemala, and Nicaragua, Peru has very high rates of chronic malnutrition.

6. He noted that national averages conceal inequities and stated that chronic malnutrition in Peru is more widespread in the lower income quintiles, rural areas, and the poorest departments, where the mother’s education, housing, and environmental factors are determinants of nutritional and health status.

7. Dr. Ugarte pointed out that the traditional approach to malnutrition has ignored its multicausality and, thus, unisectoral approaches have been employed that tend to be the responsibility of the health or nutrition sector. Another constraint has been the lack of coordination and simultaneity of the interventions, as well as the limited participation of local governments and communities.

8. The current government formulated the CRECER strategy, inspired by the initiative to fight infant malnutrition, promoted by United Nations cooperation agencies, bilateral agencies, and national NGOs, to tackle health determinants using a multisectoral approach that involves the Ministry of Social Affairs and regional, municipal, and local government.

9. Through this initiative, interventions have been carried out to improve housing, access to water and basic sanitation, and education programs. Action has been taken to empower communities, so that they can actively participate in decision-making to improve nutrition and health and further their development. It is estimated that this

initiative has rapidly helped to reduce chronic malnutrition by 3.8 percentage points at the national level and 6.3 points at the rural level.

10. This integrated multisectoral approach has also had an impact on the levels of illiteracy, maternal mortality, infant mortality, and infectious disease control and prevention.

***Presentation of Dr. Mirta Roses Periago, Director of the Pan American Sanitary Bureau.***

11. Dr. Roses Periago described the conceptual underpinnings of the Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals. In her presentation, she pointed to the association between nutrition and the MDGs and underscored the adverse effects of malnutrition on physical and cognitive development, physical and functional capacity, and individual and social productivity. Chronic malnutrition increases the risk of dying young, contracting infections, and developing chronic noncommunicable diseases in adulthood, in addition to rendering our populations more vulnerable to disasters. Dr. Roses also noted that populations with a high prevalence of children with short stature or malnourished mothers tend to have high rates of illiteracy, unemployment, adolescent pregnancy, poor housing, etc. She emphasized that chronic malnutrition is transmitted from generation to generation and perpetuates the malnutrition-poverty cycle.

12. Dr. Roses outlined the conceptual framework of health and malnutrition determinants, which include the political and socioeconomic context, poverty-related social inequalities, food insecurity, social exclusion based on gender or ethnicity, lack of education and access to basic services, and an insecure physical and social environment. Depending on the context, these determinants operate as basic or intermediate causes that mutually reinforce one other in a multicausal network whose components must be tackled simultaneously.

13. This analysis served as the framework for introducing the conceptual underpinnings of the Alliance, designed to act on the determinants through multisectoral approaches and integrated, coordinated interventions carried out simultaneously to meet the needs of the most vulnerable population. She stressed that the Alliance advocates program monitoring and evaluation as indispensable to its work and as a prerequisite for identifying, proposing, and carrying out evidence-based interventions.

14. Finally, Dr. Roses described how the United Nations agencies participate in the social determinants approach to propose interventions that will improve the physical and social environment, food security, education, and access to information and the health

services, family planning, and maternal and child health, working conditions and household income, as well as the exercise of human rights and fundamental freedoms.

15. This approach, which responds to the multicausality of malnutrition, helps to pool and coordinate international cooperation efforts and resources to propose, carry out, monitor, and evaluate programs and monitor integrated, coordinated, and sustainable interventions within the framework of human rights and the gender approach.

***Presentation of Mr. Pedro Medrano, Regional Director for Latin America and the Caribbean of the World Food Program***

16. At the start of his presentation, Mr. Medrano described the current context in which the Pan American Alliance for Nutrition and Development has been created and developed and mentioned the importance and impact of the global financial crisis, the rise in food prices, and the effects of climate change. As an example, he cited the adverse impact of the drop in remittances on the gross domestic product and the prevalence of chronic anemia and malnutrition in the countries with high rates of chronic malnutrition (Guatemala, Haiti, Honduras, Nicaragua, El Salvador, and Ecuador). The crisis represents an opportunity and gives a sense of priority to the Alliance's vision of interagency cooperation.

17. He then described the potential of two initiatives, "The Socioeconomic Impact of Hunger and Malnutrition" and "The Nutritional Dimension of Social Protection Networks in Central America and the Dominican Republic," as instruments for consolidating nutrition-related public policies with a determinants approach that will contribute criteria for proposing, strengthening, or carrying out evidence-based interventions, as proposed in the conceptual underpinnings of the Alliance.

18. Mr. Medrano stressed that the Alliance creates an interagency framework for integrated joint action that strengthens the capacity of governments to make progress toward the achievement of the MDGs, thanks to the integration of mandates and work plans, the execution of integrated evidence-based interventions, intersectoral and interprogrammatic coordination, information generation and exchange, lessons learned, and successful experiences, in addition to elements for public policy-making.

19. He also noted the integration of agencies to tackle the principal social determinants of health and proposed the human rights, gender, and intercultural approach as a crosscutting feature of this interagency effort. He stressed that the Alliance is not limited to health or agriculture but is made up of different agencies that act in concert.

20. He made it clear that the Alliance does not seek to compete with or replace other initiatives but rather, to reinforce them by pooling efforts. He ended his presentation by

say that “Arriving together is the beginning; remaining together is progress; and, working together is success ... alone, we can make progress faster, but together we will get farther.”

***Presentation of Dr. Ricardo Uauy, President of the International Union of Nutritional Sciences***

21. Dr. Uauy discussed the social, biological, and economic determinants of maternal and infant malnutrition. Like Dr. Roses, he described the conceptual framework of maternal and infant malnutrition, emphasizing the basic, underlying, and immediate causes, whose short-term consequences are higher morbidity, disability, and mortality and whose long-term consequences are short stature, a deterioration in cognitive function, low economic productivity, obesity, diabetes, and cardiovascular disease.

22. Among the immediate causes, he observed that in the Region of the Americas maternal and child malnutrition is the result first, of diets of poor nutritional quality and, second, of the high prevalence of infections that suppress the appetite and, hence, the intake of nutrients in individuals whose nutritional needs are higher due to the metabolic burden produced by the infection. Among the underlying causes, Dr. Uauy pointed out food insecurity in the home, inadequate care for mothers and children, lack of access to health services, and poor environmental sanitation. Among the basic causes that he mentioned were housing and working conditions, income, access to capital and resources, and finally, the social, cultural, and economic context.

23. Finally, he gave several examples of the social cost of malnutrition, in terms not only of the social burden but of the decrease in economic productivity that it represents.

**Row Zero: Commentators**

***Statement of Mrs. Joy Phumaphi, Vice President of Human Development, World Bank***

24. Mrs. Joy Phumaphi mentioned the historic moment in which the Alliance was conceived. According to World Bank calculations, this year 89 million people will be added to the rolls of those living in poverty, and the developing countries are not going to have resources to invest in human capital formation. Thus, investing in nutrition is a priority to protect gains and contribute to the achievement of the MDGs.

25. Mrs. Phumaphi revisited what the panelists said and stressed that progress in the prevention and control of nutritional deficiencies has been slow, that the effects of malnutrition are irreversible, and that in the approach and the identification of interventions it is necessary to recognize that chronic malnutrition is a different problem

from acute malnutrition, as are food insecurity and hunger; thus, it is necessary to describe the causes and establish the contextual differences among them.

26. From her perspective, she identified two opportunities for achieving the Alliance's goals. The first is the political arena. Here, she recommended advocacy or stimulating interest and political commitment in the countries to make maternal and infant nutrition a social and political priority on national agendas, emphasizing efforts to address the social determinants and integrated action, promoting community participation and the community-based approach, and encouraging South-South cooperation, in addition to coordination with donor agencies. The second is the strengthening of feeding programs and promoting the growth of young children, food fortification, and other strategies to prevent micronutrient deficiencies and buttress the nutritional component of the programs for conditioned transfers.

***Statement of Mrs. Carmen María Gallardo, Vice President of the United Nations Economic and Social Council***

27. Mrs. Gallardo congratulated Minister Ugarte for the efforts in Peru and expressed her pleasure at this initiative, which brings the United Nations family together in a single project at the right time, given the adverse impact of the world nutrition and development crisis on the countries of the Region.

28. Mrs Gallardo considered the opportunity to integrate health, education, housing and other sectors in an intergovernmental dialogue to address nutrition multisectorally a value added of the Alliance.

29. She urged participants to promote State policies and request that the United Nations Economic and Social Council adopt a resolution promoting maternal and child nutrition; she also recommended that the issue be placed on the agenda of the high-level plenary session of the United Nations General Assembly in 2010, and that the Alliance's approach be expanded to other regions.

***Statement of Mr. David Oot, Associate Vice President, Department of Health and Nutrition, International Program Leadership Division of Save the Children.***

30. In his statement, Mr. Oot pointed out that, using the weight-for-age indicator, most of the countries in the Region will manage to meet the targets of MDG1; however, this will not be the case if the height-for-age indicator is used, as it exposes major disparities in the Region, especially in the indigenous population, added to which is the dual burden of disease that oppresses the countries of the Region.

31. He emphasized that many health determinants are outside the scope of health sector interventions, making the Alliance the element that integrates the other sectors. In

order to interrupt the intergenerational transmission of malnutrition and guarantee sustainability, the Alliance must move beyond health and agriculture and promote partnerships between the public and private sector, identify contextual barriers that affect health service utilization, and generate evidence to determine which interventions are successful and which are not so that short- and long-term interventions can be proposed.

32. Mr. Oot left the following questions for the audience to ponder: How does this new approach change what the ministries of health are currently doing?, Which is the cost of adopting this new approach? Are the proposed changes sustainable on a large scale?, Does this new approach close the equity gap?

### **Plenary Discussion**

#### ***Bolivia***

33. The representative of Bolivia expressed his congratulations at the creation of the Pan American Alliance for Nutrition and Development and declared that Bolivia has adopted the multisectoral approach in its fight against malnutrition. As an example, he cited the formation of the National Food and Nutrition Board (CONAN), which integrates nine ministries and is chaired by the President of the Republic, in addition to the Zero Malnutrition Initiative. Among its other actions, Bolivia has created a legal framework for the marketing of breast milk substitutes, is revitalizing the Breastfeeding-friendly Hospitals Initiative, and is revamping the guidelines for treating malnourished children.

#### ***Guyana***

34. The representative of Guyana welcomed the Pan American Alliance for Nutrition and Development and urged a redoubling of public health efforts in nutrition for the achievement of the MDGs. He also stressed the need to regulate food industry marketing strategies to prevent the population from continued exposure to contradictory messages on breast-feeding and complementary feeding.

#### ***Brazil***

35. The representative of Brazil congratulated the Alliance and emphasized the role of the State and intersectoral approach in the fight against malnutrition. He made clear the importance of this approach as part of primary health care and need for the countries to share experiences.

36. He also cited the MERCOSUR Agreement on Nutrition, Food Security, and Education as an opportunity to make use of the Alliance in the subregion.

***Guatemala***

37. Guatemala was pleased about the creation of the Alliance and stated that, given the global economic crisis and the effects of climate change, the country's nutritional situation had worsened; thus, efforts were under way to strengthen maternal and child health programs. Notwithstanding, it was requesting support from PAHO and the agencies represented in the Alliance.

***Jamaica***

38. The representative of Jamaica welcomed the Alliance and underscored the importance of food and nutrition for adolescents. He noted that 10% of adolescents in Jamaica are obese, 14% suffer from anemia, and the vast majority cannot consume the recommended quantities of fruits and vegetables

***Nicaragua***

39. He representative of Nicaragua congratulated the Alliance and added that it has arrived during a turbulent time of crisis on the economic, nutritional, and health front, where nutrition has a key role to play in promoting development. He pointed to the lack of agricultural incentives, which result in low food production, and the constant exposure to information that distorts eating habits. He believed, therefore, that the determinants approach is an appropriate and timely option for addressing these nutritional problems.

***Cuba***

40. The representative of Cuba stated that the indicators for the nutritional situation in Cuba are satisfactory. Nevertheless, given the global food crisis, the country has taken steps to guarantee the nutrition of the most vulnerable groups (children, the elderly, and pregnant women). He stated that the creation of the Alliance is very opportune and congratulated the Director for it.

***El Salvador***

41. El Salvador's Minister of Health expressed her satisfaction with the Alliance and declared that it had come at the right time for her country, since health plans are being reviewed and the intersectoral approach is being adopted. She invited the agencies to share and provide cooperation to her country so that this approach could be adopted immediately.