2023 Report

Childhood overweight on the rise

Is it too late to turn the tide in Latin America and the Caribbean?

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Overall guidance and supervision: Maaike Arts, Regional Advisor, Survive & Thrive.

Technical coordination: Paula Veliz, Regional Nutrition Specialist.

Editorial coordination: Gladys Hauck, Documentation and Information Assistant and Elena Marsoni, UNV Communication for Partnerships Specialist.

Main author: Karimen León, Nutrition Consultant.

Technical collaboration and/or contribution to the development of the content:
UNICEF Latin America and the Caribbean Regional Office (LACRO): Ana Maria Narvaez, Elena Marsoni, Maaike Arts, Paula Veliz, Romain Sibille. We would like to thank the UNICEF Data and Analytics Unit team, specially Chika Hayashi, Julia Krasevec, Robert Johnston, Vrinda Mehra, Yoshito Kawakatsu, D'Arcy Williams from Programme Group Nutrition for proofreading and the Health and Nutrition teams of UNICEF Country Offices for their insights and contributions, in particular Veronica Risso Patron (Argentina), Lisa McClean-Trotman (Barbados), Olusola Oladeji (Belize), Hugo Razuri (Bolivia), Regicely Brandao (Brazil), Carolina Klein (Chile), Lina Patricia Zapata (Colombia), Raquel Barrientos (Costa Rica), Odalys Rodríguez and Celia Medina (Cuba), Mercedes Silva (Ecuador), Karen Panameño (El Salvador), Cecilia de Bustos (Guatemala), Irfan Akhtar (Guyana), José Ramírez (Honduras), Vonetta Nurse (Jamaica), Mauro Brero (Mexico), María Espinoza (Nicaragua), Yohana Pinzón (Panama), Sonia Avalos (Paraguay), Maria Elena Ugaz (Peru), Sara Menendez (Dominican Republic), Ernest Faisel Tjon-a-loi (Suriname), Nora D Oliveira (Uruguay), Johanne Desormeaux (Venezuela).

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Latin America and Caribbean Regional Office
Bldg. 102, Alberto Tejada St.
City of Knowledge e
Panama, Republic of Panama
P.O. Box 0843-03045
Telephone: +507 301 7400
www.unicef.org/lac

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Foreword

Childhood overweight, including its severe form, obesity, is a serious public health problem for the world, as well as for Latin America and the Caribbean. This report highlights unequivocally that the situation has not improved; on the contrary, overweight continues to impact more and more children and adolescents in our region. The numbers speak for themselves: in 2000 there were 3.9 million children under 5 years of age with overweight; in 2022 this figure increased to 4.2 million. For children and adolescents between 5 and 19 years of age, the figure increased from 35 million in 2000 to 49 million in 2016.

We must be aware that overweight and obesity compromise the fundamental rights of children and adolescents, such as the right to health and adequate nutrition. These conditions are closely related to physical and mental health conditions during childhood, and to a variety of chronic diseases throughout life, including cardiovascular disease, type 2 diabetes and certain types of cancer.

Scientific evidence indicates that one of the main determinants of overweight in our region is obesogenic food environments. In response to this, Latin America and the Caribbean has been at the forefront in the adoption of public policies like front-of-pack labelling, fiscal measures such as taxes on sugar-sweetened beverages, regulations on food advertising and marketing, among other initiatives, as a sign of our commitment to improve food environments in favour of adequate nutrition and health for the population.

This report presents several examples of actions undertaken in various countries in our region. We understand the importance of reversing this trend, accelerating efforts and uniting all our initiatives to prevent childhood overweight and improve food environments for proper nutrition and health during childhood and adolescence.

The situation in Latin America and the Caribbean is worrisome, but we still have the opportunity to invest, adapt and design effective strategies to address overweight in children and adolescents. Through this report, we call for more collaborative and strategic work so we can jointly be part of the solution. Ending this silent epidemic is a matter of collective responsibility, involving the public and private sectors, academia, civil society and the community.

Let's not waste any more time and act now!

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Garry Conille
UNICEF Regional Director for
Latin America and the Caribbean

Definitions

Stunting in children aged 0-59 months	Stunting is defined as length/height-for-age of more than 2 Standard Deviations (SD) below the median of the WHO child growth standards.[1] For this age group a prevalence of stunting below 2.5 per cent is considered "very low", between 2.5 per cent and below 10 per cent "low", between 10 per cent and less than 20 per cent "medium", between 20 per cent and less than 30 per cent "high", and greater than or equal to 30 per cent "very high".[2]
Obesogenic environment	An environment that promotes high energy consumption and sedentary behaviour. This includes available, affordable, accessible and promoted food; opportunities for physical activity; and social norms regarding food and physical activity.[3]
Children	Human beings under 18 years of age (Convention on the Rights of the Child).[4]
Childhood or infancy	Childhood or infancy is a broad term applied to human beings in the developmental stages between birth and adolescence.[5]
Food system	A food system has all the elements (environment, population, inputs, processes, infrastructure, institutions, etc.); and the activities related to the production, transformation, distribution, preparation and consumption of food, and the results thereof, including environmental and socioeconomic outcomes.[6]
Overweight in children aged 0-59 months	Overweight is defined as weight for length/height more than +2 SD above the median established in the WHO child growth standards. Severe overweight or obesity is defined as weight-for-length (or length) more than +3 SD above the median established in the WHO child growth standards.[7] For this age group a prevalence of overweight less than 2.5 per cent is considered "very low"; between 2.5 per cent and less than 5 per cent "low"; between 5 per cent and less than 10 per cent "medium"; between 10 per cent and less than 15 per cent "high" and greater than or equal to 15 per cent "very high".[8]
Overweight in children and adolescents from 5 to 19 years of age	Overweight is defined as Body Mass Index (BMI) for age with more than +1 SD above the median established in the WHO growth standards. Severe overweight or obesity in children is defined as BMI-for-age with more than +2 SD above the median established in the WHO child growth standards.[9] For evaluation purposes, using the thresholds of Lobstein et al. is suggested, which establishes that for this age group, an overweight prevalence of less than 10 per cent is considered "very low"; between 10 per cent and less than 15 per cent "low"; between 15 per cent and less than 25 per cent "medium"; between 25 per cent and less than 35 per cent "high" and greater than or equal to 35 per cent "very high".[10]

Executive summary

Childhood overweight in Latin America and the Caribbean is a serious public health problem. This condition affects 4.2 million children under the age of 5 and 49 million children and adolescents between the ages of 5 and 19. In the last two decades, the figures have increased worryingly in children under 5 years of age, from 6.8 per cent (3.9 million) in 2000 to 8.6 per cent (4.2 million) in 2022; and in children and adolescents between 5 and 19 years of age, from 21.5 per cent (35 million) in 2000 to 30.6 per cent (49 million) in 2016.

Overweight (including its severe form, obesity) affects the physical, emotional and mental well-being of children and adolescents. Childhood obesity is associated with an increased likelihood of obesity, premature death and disability in adulthood. In today's society, obesity is the main risk factor for the development of non-communicable diseases which, in turn, are the leading cause of death in the region. Undoubtedly, prevention is and remains the most cost-effective measure to tackle this epidemic.

Childhood overweight in Latin America and the Caribbean is a serious public health issue. Having overweight (including its severe form, obesity) affects the physical, emotional and mental well-being of children and adolescents. Childhood obesity that persists into adulthood is the main risk factor for the development of non-communicable diseases which, in turn, are the main cause of death in the region.

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Obesogenic food environments are characterized by promoting and favouring the consumption of unhealthy products, i.e. high in sugar, fat and salt, as well as few options for physical activity, leading to sedentary lifestyles. These environments and other factors associated with rapid urbanization are the main determinants of overweight in the region. Latin America and the Caribbean is the second most urbanized region in the world. Eighty-one per cent of the population resides in urban areas. More than 165 million of them are children and adolescents. Obesogenic food environments abound in urban areas of the region, especially in the most vulnerable and socially and economically disadvantaged areas.

UNICEF promotes the importance of implementing evidence-informed actions and a specific regulatory framework for the prevention of childhood overweight, accompanied by a package of interventions throughout the life cycle that comprehensively addresses all the systems involved: food, health, education, water, sanitation and hygiene, social protection and urban systems, and social norms. To achieve this, interventions need to include regular monitoring and evaluation.

In recent years, the organization has promoted and supported numerous initiatives and actions at country and regional levels aimed at generating scientific evidence for decision-making; strengthening regulatory frameworks, policies and strategies for the prevention of childhood overweight; improving feeding environments; promoting, protecting and supporting breastfeeding; promoting healthy eating and physical activity; and other activities.

UNICEF urgently calls for all sectors and stakeholders to collaborate more strategically and prioritize actions for the prevention of overweight early in life. Likewise, to improve food environments in favour of adequate nutrition and health for children and adolescents.

Governments, civil society, academia, the private sector, United Nations organizations, international organizations and the community must all take part in these decisive actions. Reversing this epidemic and halting the increase in childhood overweight is a matter of collective responsibility.

Recommendations for the prevention of childhood overweight in Latin America and the Caribbean:

- Declare the prevention of childhood overweight as a national public health priority. Promote the contribution of key actors such as the public sector, academia, civil society, the private sector, the involvement of children and adolescents as agents of change; and foster collaboration between sectors.
- Conduct a country analysis of childhood overweight and its causes; select and implement a package of comprehensive, evidence-based, cost-effective interventions with a child rights approach; and promote the participation of adolescents and young people.
- Increase public investment and resource allocation for the prevention of childhood overweight, including surveillance, monitoring and evaluation systems.
- Strengthen regulatory frameworks, policies and programmes related to childhood overweight prevention.
- Improve food environments, through the implementation of food policies for adequate nutrition and child health, and effective measures to ensure access to and affordability of healthy food for all families with children, especially those with low incomes.

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Introduction

This report depicts the current situation of child and adolescent overweight in Latin America and the Caribbean (LAC), trends over time, and UNICEF's most recent actions for its prevention in the region. In addition, the report follows up on the report "Childhood overweight: A call for prevention in Latin America and the Caribbean" published in 2021.[11]

For the purposes of this document, the term "overweight" shall be used from here onwards. Obesity is considered as the most severe form of this condition.

Overweight is a public health issue for the region affecting 4.2 million children under the age of 5 and 49 million children and adolescents between the ages of 5 and 19.[12,13] In the last decades, this issue has gravely increased from 6.8 per cent (3.9 million) in 2000, to 8.6 per cent (4.2 million) in 2022 in children under 5 years of age;[14] and from 21.5 per cent (35 million) in 2000, to 30.6 per cent (49 million) in 2016 in children and adolescents from 5 to 19 years of age.[15]

The Region of the Americas* currently has the highest prevalence of overweight or obesity in adults of all World Health Organization (WHO) regions, with 62.5 per cent of adults living with overweight or obesity and 28 per cent living with obesity.[16]

Overweight affects the well-being and optimal development of children and adolescents. Childhood obesity is associated with a higher probability of obesity, premature death, and disability in adulthood.[17] Obesity is currently the main risk factor for the development of non-communicable diseases (NCDs), which are the leading cause of death in the region.[18] Prevention is and remains the most cost-effective measure to address this problem.

Overweight affects more than 4 million children under the age of 5 and nearly 50 million children and adolescents between the ages of 5 and 19. Over the last two decades, this problem has increased in a worrying and sustained manner in the region.

Scientific evidence suggests that obesogenic food environments and urban lifestyles are major contributors to overweight in the region.[19] In this regard, it is necessary to improve the food environments, to prioritize interventions for the prevention of overweight from an early age, and halt the increase in childhood overweight in LAC.

For the prevention of childhood overweight, UNICEF harnesses a systems approach.[20] This means recognizing that to end this issue, multiple factors must be addressed: a specific regulatory framework and formulating a series of comprehensive interventions throughout the life cycle, considering the different systems involved: food, health, education; water, sanitation and hygiene, social and urban protection, as well as social norms. These interventions should always be accompanied by periodic monitoring and evaluation measures.

* The WHO Region of the Americas differs from the UNICEF Region of Latin America and the Caribbean, as it includes Canada, the United States of America, among other countries and territories.

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Chapter 1

Chapter 1. Overweight in children and adolescents in Latin America and the Caribbean

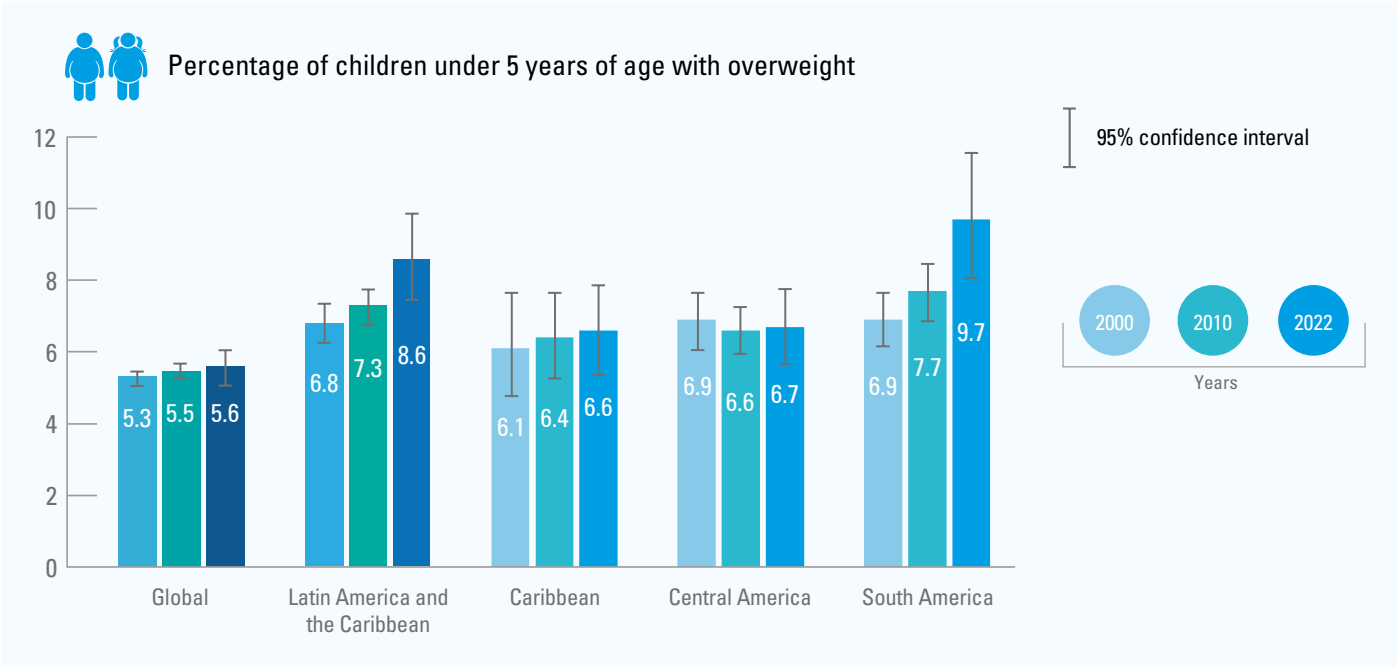
1.1 Nutritional status in children under 5 years of age

The UNICEF, WHO, World Bank Group Joint Malnutrition Estimates on child malnutrition released in May 2023 show insufficient progress toward achieving the World Health Assembly's global nutrition targets for 2025 and target 2.2 of the Sustainable Development Goals (SDGs) for 2030.[21]

Overweight currently affects 4.2 million children under 5 years of age in LAC. This figure represents 8.6 per cent – well above the global prevalence of 5.6 per cent. South America is the most affected sub-region, with 3 million (9.7 per cent) children with overweight, followed by Central America with 1 million (6.7 per cent), and the Caribbean with 0.2 million (6.6 per cent).[22]

In LAC, overweight in children under age five has increased steadily from to 2000 to 2022 and very rapidly from 2010 to 2022, moving from 6.8 per cent (3.863 million) in 2000 to 7.3 per cent (3.895 million) in 2010 and to 8.6 per cent in 2022 (4.227 million). At the subregional level, the increase in South America is of concern. The percentage of children under 5 who are living with overweight has increased from 6.9 per cent in 2000 (2.5 million) to 9.7 per cent (3 million) in 2022. This difference is statistically significant. *(see Graph 1)*.[23,24]

Graph 1. Trend of overweight (including obesity) in children under 5 years of age in Latin America and the Caribbean from 2000 to 2022.



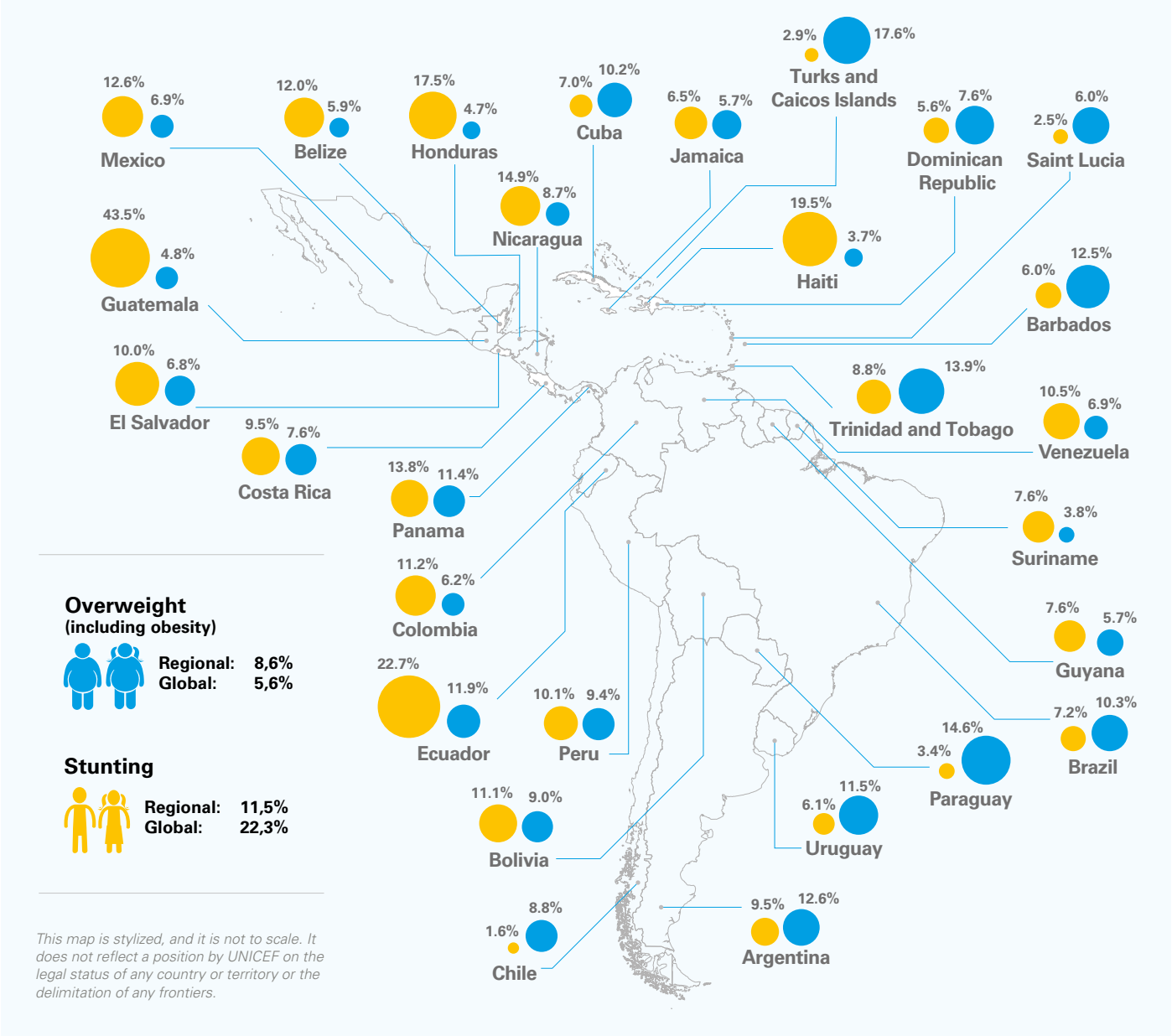
Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, May 2023 edition.

In the LAC region, 24 countries have overweight figures for children under 5 years of age above the global estimate of 5.6 per cent; and 14 countries have overweight figures above the regional estimate of 8.6 per cent. Countries and territories with a high and very high prevalence (highest percentage of overweight cases) are: Argentina (12.6 per cent) and Barbados (12.5 per cent), Turks and Caicos Islands (17.6 per cent), Paraguay (14.6 per cent), Trinidad and Tobago (13.9 per cent) *(see Graph 2)*.

Stunting and overweight, considered the double burden of malnutrition, are present in all countries of the region.

Although in most of the countries and territories of the region stunting is below the global estimate of 22.3 per cent, there are still countries with figures above the regional estimate of 11.5 per cent, and with a high and very high prevalence. These countries are Belize (12 per cent), Ecuador (22.7 per cent, high prevalence), Guatemala (43.5 per cent, very high prevalence), Haiti (19.5 per cent), Honduras (17.5 per cent), Mexico (12.6 per cent), Nicaragua (14.9 per cent) and Panama (13.8 per cent).

Graph 2. Nutritional status of children under 5 years of age in countries and territories of Latin America and the Caribbean in 2022.

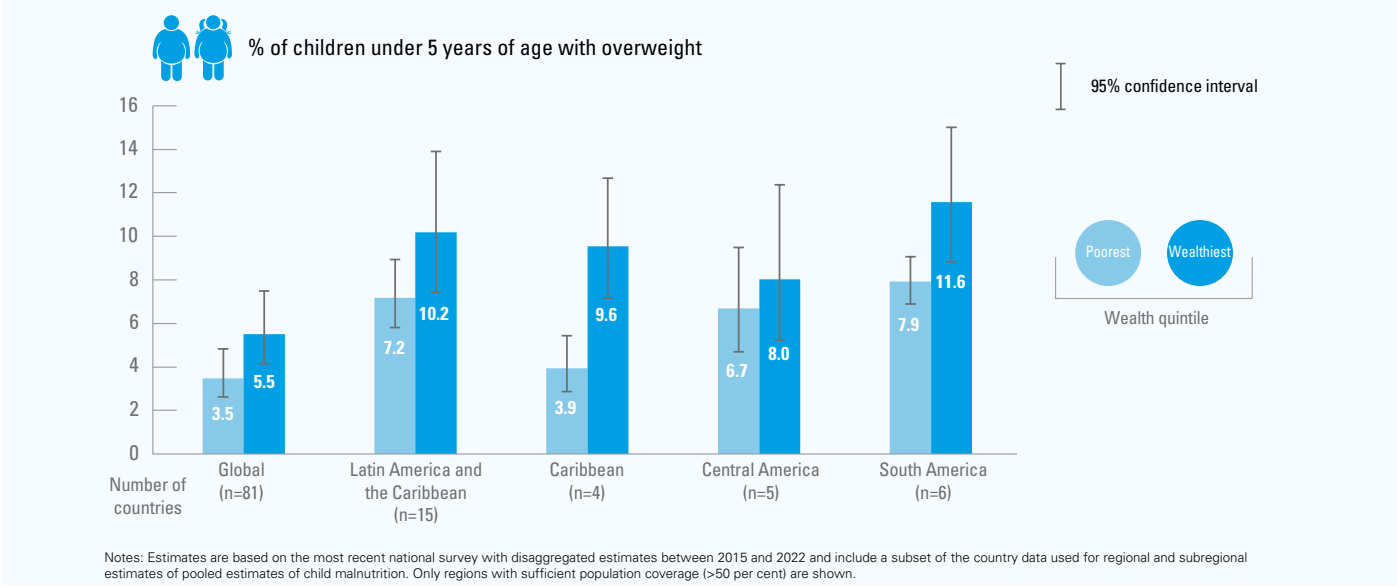


Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, May 2023 edition.

Overweight is a condition that affects children regardless of socioeconomic status, place of residence or age group. Graph 3 shows that the proportion of children under 5 years of age in LAC with overweight is higher in the highest income quintiles than in the lowest income quintiles. However, only in the Caribbean the difference is statistically significant (9.6 per cent vs. 3.9 per cent, respectively).[25,26]

The proportion of children under 5 years of age with overweight also appears to be higher in urban areas, among children aged 6-11 months and among boys. However, none of these differences is statistically significant. *(see Graph 4).*

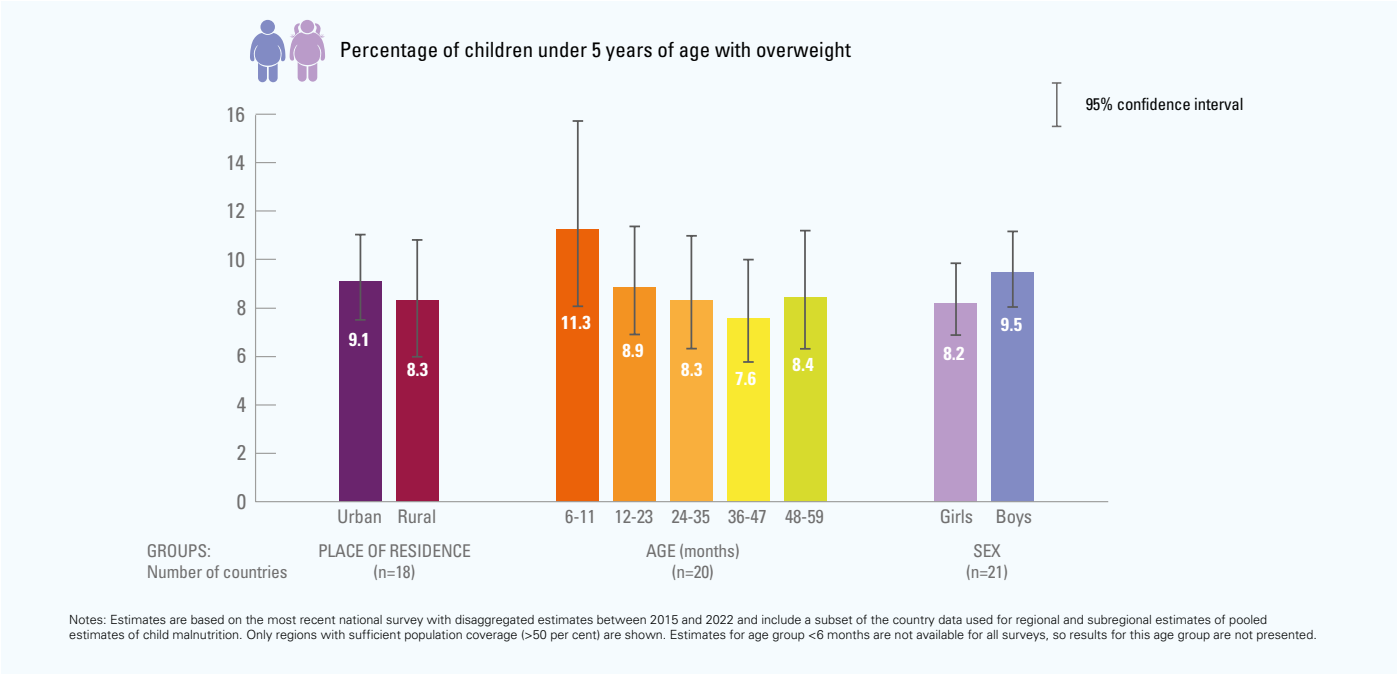
Graph 3. Overweight in children under 5 years of age in Latin America and the Caribbean, by wealth quintile.



Notes: Estimates are based on the most recent national survey with disaggregated estimates between 2015 and 2022 and include a subset of the country data used for regional and subregional estimates of pooled estimates of child malnutrition. Only regions with sufficient population coverage (>50 per cent) are shown.

Source: Expanded database of the UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, May 2023;[27] Population data are based on the United Nations Population Division's World Population Prospects released on July 11, 2022.[28]

Graph 4. Overweight in children under 5 years of age in Latin America and the Caribbean, by place of residence, age groups and sex.



Notes: Estimates are based on the most recent national survey with disaggregated estimates between 2015 and 2022 and include a subset of the country data used for regional and subregional estimates of pooled estimates of child malnutrition. Only regions with sufficient population coverage (>50 per cent) are shown. Estimates for age group <6 months are not available for all surveys, so results for this age group are not presented.

Source: Expanded database of the joint child malnutrition estimates of the World Bank Group, WHO and UNICEF, May 2023.[29] Population data are based on the United Nations Population Division's World Population Prospects released on July 11, 2022.[30] Data by place of residence (urban/rural) are from the May 16, 2018 World Urbanization Prospects.[31]

1.2. Overweight in children and adolescents from 5 to 19 years of age

Some countries in the region have more updated data on overweight and obesity in children and adolescents aged 5 to 19 years; however, the latest available data that allow an adequate comparison at the regional level correspond to 2016.

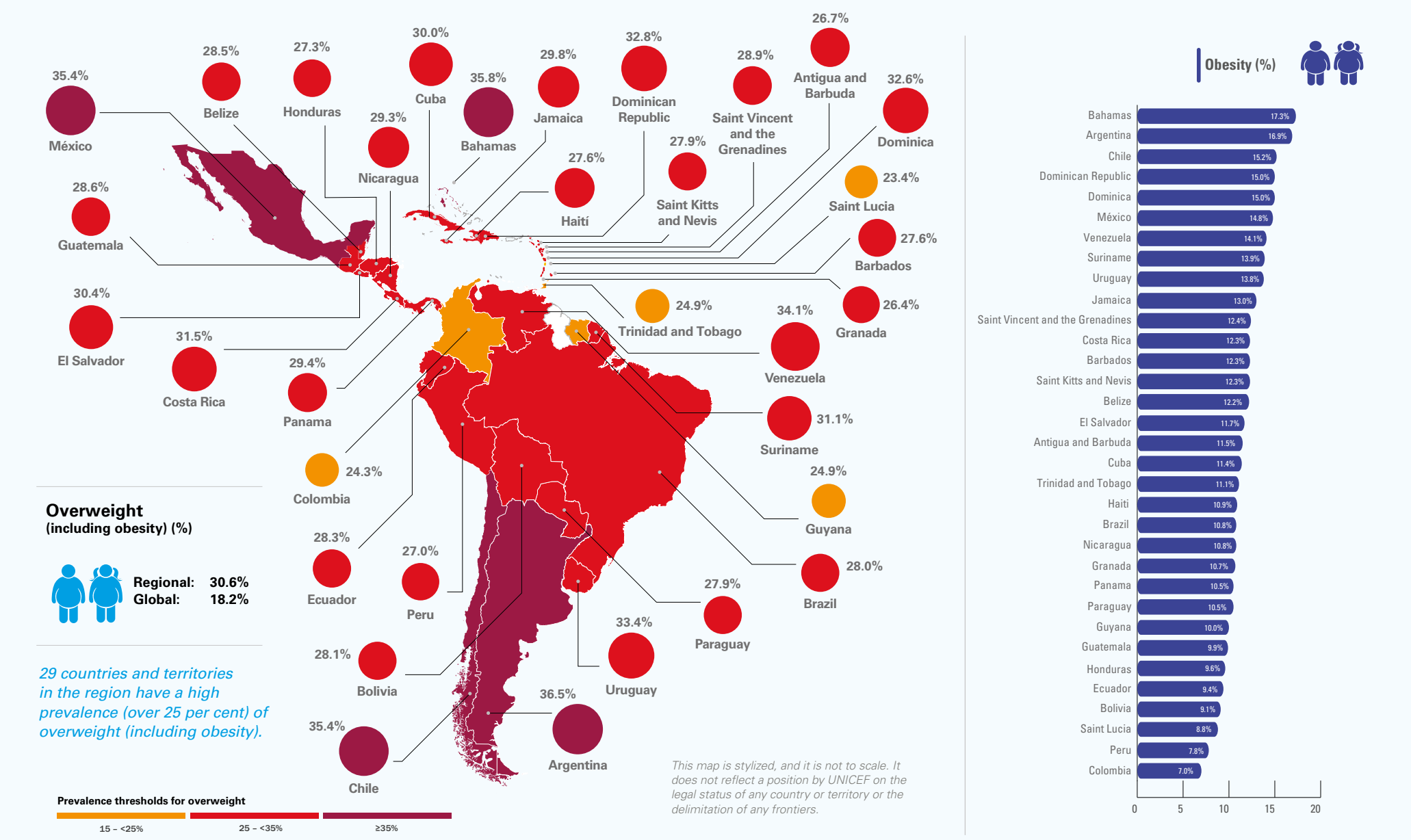
In LAC, overweight affects 49 million children and adolescents between 5 and 19 years of age. This represents 30.6 per cent (high prevalence) and is above the global prevalence of 18.2 per cent. In terms of sub-regions, South America is the most affected with 30 million children and adolescents with overweight, followed by Central America, with 16 million, and the Caribbean with 3 million.[32]

Graph 5 shows that 29 countries and territories in the region have a high prevalence (greater than 25 per cent) of overweight (including obesity). Argentina, Bahamas, Chile and Mexico are the countries and territories with the highest figures (prevalence greater than or equal to 35 per cent). The countries and territories with the highest burden of obesity in children and adolescents are Argentina (16.9 per cent), Bahamas (17.3 per cent), Chile (15.2 per cent), Dominica (15 per cent), Mexico (14.8 per cent) and Dominican Republic (15 per cent).

In Latin America and the Caribbean, overweight affects 49 million children and adolescents. This corresponds to 30.6 per cent and is above the global prevalence of 18.2 per cent. The prevalence of overweight (including obesity) is high in most countries and territories in the region.

Obesogenic food environments in urban areas of Latin America and the Caribbean.

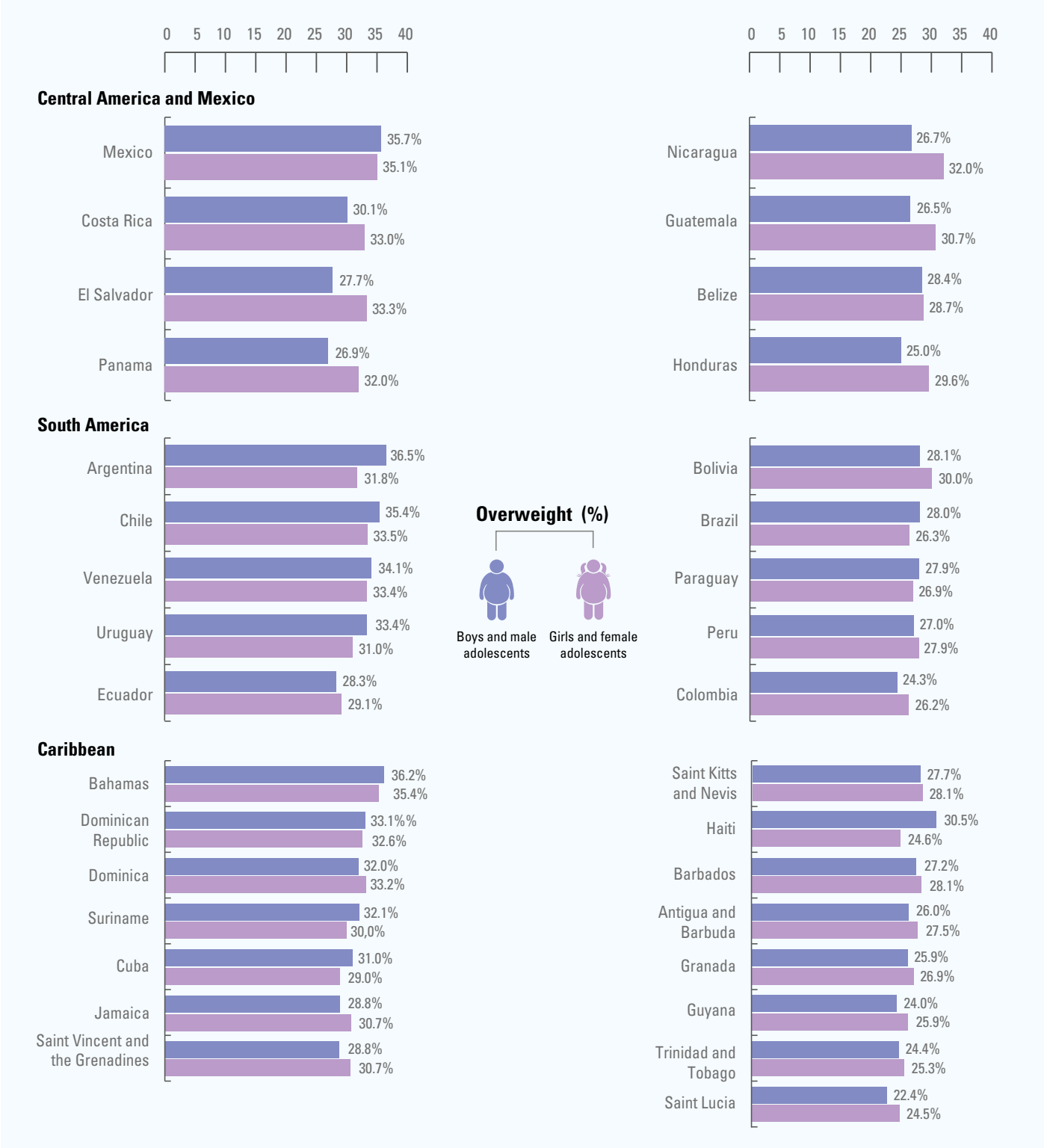
Graph 5. Prevalence of overweight in children and adolescents aged 5 to 19 years in countries and territories of Latin America and the Caribbean.



Source: World Health Organization. Global Health Observatory. Prevalence of overweight and obesity in children and adolescents aged 5 to 19 years (2016).[33, 34]

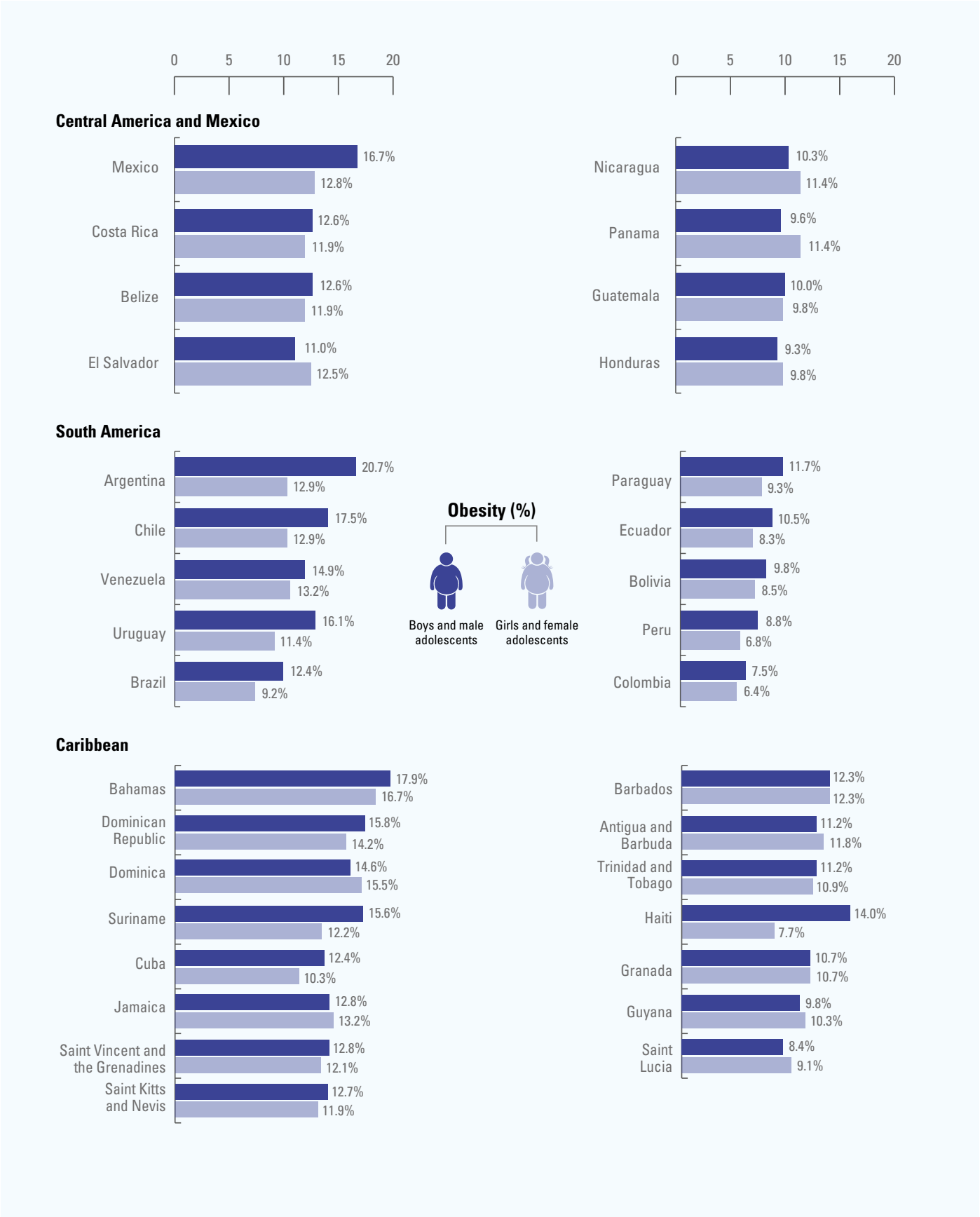
When the total prevalence of overweight (including obesity) and obesity are analyzed separately, it can be noted that in 22 countries and territories, girls and adolescents represent the highest overweight prevalence (*see Graph 6*), and boys and adolescents the highest rates of obesity *(see Graph 7)*.

Graph 6. Prevalence of overweight (including obesity) in children and adolescents aged 5 to 19 years in countries and territories of Latin America and the Caribbean, by sex.



Source: World Health Organization. Global Health Observatory. Prevalence of overweight in children and adolescents aged 5 to 19 years (2016).

Graph 7. Prevalence of obesity in children and adolescents aged 5 to 19 years in countries and territories of Latin America and the Caribbean, by sex.



Source: World Health Organization. Global Health Observatory. Prevalence of obesity in children and adolescents aged 5 to 19 years (2016).

In LAC, overweight in children and adolescents aged 5-19 years increased from 21.5 per cent (35 million) in 2000, to 27.1 per cent (44 million) in 2010; and to 30.5 per cent (49 million) in 2016; and obesity in this same age group increased from 6.5 per cent (11 million) in 2000, to 9.7 per cent (16 million) in 2010 and to 11.9 per cent (19 million) in 2016.[35] Graph 8 clearly shows how overweight and obesity increased in all countries and territories in the region. Between 2000 and 2016, obesity rates doubled in 20 countries and territories, and tripled in Costa Rica, Haiti, and Trinidad and Tobago.

Graph 8. Trend of overweight and obesity in children and adolescents aged 5 to 19 years in Latin America and the Caribbean from 2000 to 2016.

Between 2000 and 2016, overweight (including obesity) has increased in all countries and territories in the region. Obesity rates doubled in 20 countries and territories and tripled in 3.

Source: World Health Organization. Global Health Observatory. Prevalence of overweight and obesity in children and adolescents aged 5 to 19 years (2016).

This is a concerning situation in the region, with a rather discouraging outlook for the future. The estimated projections until 2035 represent a very high annual growth of childhood obesity in all countries of the region.[36] The risk of obesity in children and adolescents aged 5 to 19 years calculated by the World Obesity Federation (WOF) is very high for the countries of LAC.[37]

1.3 Urbanization and overweight in the region

LAC is the second most urbanized region in the world. Eighty-one per cent of the total population lives in urban areas. Of this estimate, 165 million are children and adolescents.[38, 39]

Urbanization in the region has been rapid and disorderly compared to other regions such as Europe and North America.[40] Many families from rural areas have migrated to cities pursuing opportunities, and are facing difficulties and barriers to adopting healthy lifestyles. In this context, the unplanned, and rather hasty and disorderly urbanization has affected the availability and accessibility of nutritious food, healthy eating habits, and physical activity among the population.[41, 42]

In 2022, UNICEF commissioned research[43] in LAC cities with high rates of childhood overweight, such as Mexico City and Santiago de Chile. The key findings showed that the food environments are characterized by easy access, available and affordable ultra-processed and unhealthy products, especially in the most vulnerable communities.

In both cities, healthy foods are expensive, and access to them is limited. Unhealthy eating habits are widely accepted by the population, mainly due to the over-supply of unhealthy and ultra-processed products.

On the other hand, the long distances between the home and the workplace of parents and caregivers limit the time available for physical activity and the performance of household chores related to food. Insecurity and the lack of safe and attractive public spaces affect the opportunities for children to engage in physical activity, consolidating unhealthy lifestyles in the communities.

This research also concluded that, despite the challenges encountered, there are also opportunities to improve urban food environments locally and provided recommendations and interventions considered as examples of good practices to improve obesogenic food environments in cities in the region.[44]

Repeated exposure to obesogenic food environments can influence the personal preferences, food choices and unhealthy eating habits of children and adolescents.[45, 46] Obesogenic food environments promote and encourage the consumption of unhealthy products and excessive energy intake, contributing to weight gain in the population.[47]

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1.4. Challenges for the implementation of actions to prevent childhood overweight in Latin America and the Caribbean

The challenges faced by children and adolescents and their families in accessing healthy food in the region are numerous. They range from high cost, lack of access, availability and variety of healthy foods, to excessive advertising and marketing of unhealthy and ultra-processed products.

1.4.1 Persuasive advertising tactics

In recent years, the promotion and advertising (marketing) of food and beverages has evolved from traditional media such as television to digital media. For commercial companies of breast milk substitutes and baby foods; and for companies in the food and beverage sector, digital marketing is more economical, as it allows reaching a larger audience if compared to other types of marketing. It is ideal for the industry due to the lack of regulation in the region, and less parental control in the case of children.

Recent studies[48,49] in Mexico reveal that advertisements for breast milk substitutes and baby foods published in digital media do not comply with the International Code of Marketing of Breast Milk Substitutes (hereinafter the Code). Mothers exposed to these ads are less likely to exclusively breastfeed their babies, as are fathers, who are somewhat supportive of breastfeeding.

Commercial producers of milk formula and baby food use digital media to contact and persuade parents to consume their products by sending electronic newsletters with advertisements. Furthermore, they hire influential people for the marketing thereof.[50]

The above is possible for a few reasons; on the one hand, there is no regulation prohibiting the advertising of breast milk substitutes on social media; on the other hand, the formula is promoted among health professionals, who are invited to participate in sponsored infant nutrition webinars, ignoring the conflict of interest and the Code.[51]

Other studies commissioned by UNICEF reveal that children and adolescents in the region are highly exposed to digital marketing of unhealthy foods and beverages, and that this type of marketing influences the purchasing decisions, eating behaviours, and diets of children and adolescents.[52,53,54]

In 2021, a study[55] in Mexico on advertising and marketing on the internet revealed that there is a wide variety of strategies targeting children. It is common to include cartoon characters and celebrities in the marketing strategy to promote unhealthy products to children. Tags or hashtags and incentives for unhealthy food consumption in adolescents are used through digital media, especially platforms such as Facebook, Instagram and Youtube, and through home food delivery apps such as Rappi and Uber Eats.

Along the same lines, another study[56] in Argentina found that children and adolescents are exposed to unhealthy food and beverage advertising in digital media. The research indicates that one of every two children buy unhealthy foods, following internet advertising. The engagement of characters, celebrities and influencers is one of the most recurrent and valued strategies to promote unhealthy products among children and adolescents. The three platforms most commonly used by this population, highly advertised are Instagram, Facebook and YouTube.

A recent report[57] and policy brief[58] published by the UNICEF Regional Office for Latin America and the Caribbean states that the majority of food and non-alcoholic beverage advertisements promoted in digital media correspond to unhealthy products. High exposure and use of highly persuasive marketing techniques – such as contests, interactions and using *influencers* and celebrities - aimed at children and adolescents, has been evidenced through digital media. Additionally, there is a gap in existing regulatory frameworks to regulate the exposure and marketing power of unhealthy foods and beverages in the region.

1.4.2 The impact of marketing on food consumption of children and adolescents

In 2023, a study[59] to determine the incidence of overweight and obesity in children and adolescents and associated risk factors, to which the UNICEF Peru Country Office contributed, found that near-daily snacking, consumption of sugary drinks and reduced physical activity increased the risk of developing obesity in children.

The story of Matias[60] and his family summarizes the current food environment and the challenges faced by millions of children and adolescents in the region, especially those in less favoured areas.

Over the past two decades, food and beverage retail environments (hereafter retail environments) have increased significantly in the region. These environments influence food preferences and consumption patterns in the population.[61] They are part of the many places where unhealthy food and beverages and/or ultra-processed products are advertised and promoted through innovative marketing strategies aimed at children and adolescents.

In 2020 and 2021, a series of assessments were conducted in retail commercial environments in urban areas of Argentina, Chile, Costa Rica, Ecuador and Mexico. In all the establishments analyzed (one hypermarket, four supermarkets and one self-service store) there was a moderate to high variety of sugar-sweetened beverages, sweet and salty snacks and processed cereals. Sugary drinks, chocolates and cookies were also widely available. Commercial establishments implemented marketing strategies, especially pricing strategies on sweet snacks and cookies. Strategies aimed at children were most often used to promote sweet snacks and processed breakfast cereals. In the same establishment, campaigns to promote healthy nutrition were lacking.

In 2022, a study[62] commissioned by UNICEF Mexico at points of sale - 22 warehouses, 25 supermarkets and 25 hypermarkets - in six Mexican cities found that sugar-sweetened beverages were greatly affordable, and highly advertised and promoted. Price was the most commonly used marketing strategy, followed by the promoters (with or without tasting offers), special displays and attractive packaging elements. Conversely, plain water, vegetables and fruits were the least advertised foods and beverages.

Unhealthy retail environments in urban areas in Latin America and the Caribbean.

The region's urban food environment promotes the consumption of junk food. Healthy eating is more expensive and not very accessible for much of the population.

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For many families (see the history[63] of Daiana and her family), supermarkets are the usual places to buy products in bulk, at a better price and with facilities in terms of payment methods (cash and use of cards). On the other hand, in local markets and/or fairs, food prices are generally higher and payment is usually in cash.

Due to the high costs of a healthy and varied diet, these families often prioritize certain groups of cheaper foods, sacrificing other healthier and more nutritious options such as fruits and vegetables.

The urban food environments across the region promote the consumption of "junk" food. Healthy eating is more expensive and unaffordable for the majority of the population.

LAC currently has the highest cost of access to a healthy diet compared to other regions of the world. The consumption of one person per day is US$3.89, while the world average is US$3.54.[64]

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A healthy diet is considered unaffordable in a country when its cost exceeds 52 per cent of income. In the region, 22 per cent of the population, or 131 million people cannot afford this cost. In South America, 57 per cent, or 74 million people, cannot access these healthy foods. This region is followed by Mesoamerica with 43 million people in the same situation, and the Caribbean with almost 14 million people.[65]

In 2022, the UNICEF Regional Office for Latin America and the Caribbean commissioned research on social norms around diet and body image in Colombia, Guatemala and Mexico. The study[66] revealed that socioeconomic and environmental factors, affordability; food availability and accessibility; as well as saturation of food environments, influence food preference, choice and consumption.

In Mexico, the consumption of sugar-sweetened beverages is an established social norm in rural and urban environments, mainly because of their high availability, the popular belief that they generate wellbeing, and because they are considered a symbol of reward for hard work.[67]

Latin America and the Caribbean currently has the highest cost of access to a healthy diet compared to other regions of the world.

The consumption of these beverages is also derived from the lack of access to safe drinking water. Bottled water is more expensive than sugar-sweetened beverages. Children usually start consuming sugar-sweetened beverages around the age of 2 to 3 years. Most interviewed families indicated that adding sugar to home-made beverages was an act of care

and affection for their family members, normalizing the excessive consumption of sugar and the sweet tooth.[68]

In terms of weight and body image, many study participants in all three countries considered thin bodies to be healthier than larger, heavier bodies. In doing so, they recognized that heavier bodies are a common factor or the norm in the participating communities in Guatemala and Mexico.[69]

On the other hand, school environments in LAC are not usually known for promoting healthy eating and physical activity. Their lack of regulation in several countries hinders the task of mothers, fathers, and caregivers to teach and maintain healthy eating habits. The following story[70] indicates the challenges and difficulties faced by mothers from the Caribbean in unhealthy school environments. In their narratives, they request the implementation of public policies promoting healthier environments for their children.

The reality is that many of these contexts where children and adolescents learn do not have places that provide healthy menus. They offer options that are not very nutritious but are eye-catching. This is a cause for concern for parents and caregivers, who cannot always supervise what their children consume, despite their efforts to take care of their diet.

The lack of regulation of school environments in several countries in the region hinders the task of mothers, fathers and caregivers to teach and maintain healthy eating habits.

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Chapter 2

Chapter 2. UNICEF's response and contribution to the prevention of childhood overweight in Latin America and the Caribbean

2.1 UNICEF response framework for the prevention of childhood overweight

UNICEF recognizes the importance and key role of systems such as food, health, education, social protection, water, sanitation and hygiene *(see Graph 9)*, urban systems, as well as social norms and the appropriate involvement of the private sector in preventing childhood overweight.

UNICEF recommends the implementation of measures to improve the environment through:

- Formulation of policies, regulatory frameworks and strategies.
- Implementation of interventions throughout the life cycle: pregnancy, early childhood (under 5 years), middle childhood (5-9 years) and adolescence (10-19 years).
- Generation and use of evidence.
- Monitoring and evaluation of interventions.

Graph 9. UNICEF's systems approach to nutritious, safe, affordable and sustainable food for children and adolescents.

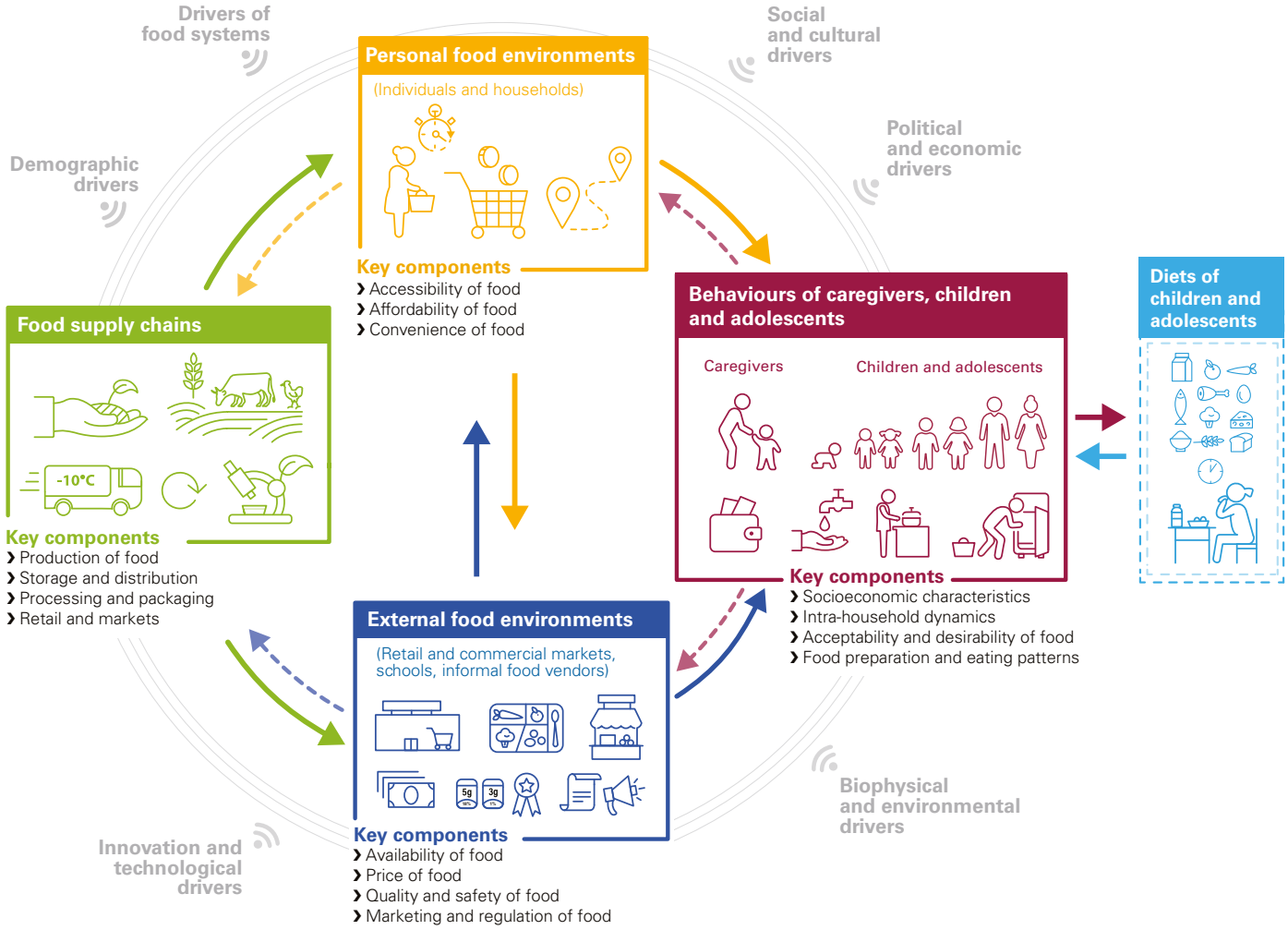
Source: Nutrition Section, UNICEF Programme Group, 2021.

UNICEF supports the actions and interventions recommended by the Pan American Health Organization (PAHO) and the WHO for the prevention and control of overweight and obesity, included in Action Plan for the Prevention of Obesity in Children and Adolescents,[71] the expansion and use of "Best Buys"[72] to prevent and control non-communicable diseases (NCDs), and the WHO Acceleration Plan regarding the implementation of the recommendations for the prevention and management of obesity across the life course,[73] discussed during the 75th World Health Assembly in 2022. The goal of this plan is to accelerate progress toward obesity prevention and reduction in the period 2023-2030, focusing on high-burden countries.[74]

UNICEF develops actions aimed at the prevention of overweight under the guidance of the Convention on the Rights of the Child, its Nutrition Strategy for 2020-2030[75] and its Programmatic Guide for the Prevention of Overweight and Obesity in Children and Adolescents.[76]

To improve food environments, UNICEF harnesses the Innocenti Framework *(see Graph 10)*, which places food at the centre of food systems and identifies the key elements that could increase both the supply and demand of nutritious food for children and adolescents.[77]

Graph 10. Innocenti Framework on Food Systems for Children and Adolescents.



Source: UNICEF Nutrition Strategy 2020-2030.

In terms of regulatory actions, UNICEF promotes five actions based on scientific evidence and which are cost-effective. They consider food environments as a key element and serve a dual purpose "double duty actions".[78]

- Restriction of food and beverage marketing (promotion and advertising) aimed at children and adolescents.
- Implementation of a mandatory front-of-pack nutrition labelling system.
- Reformulation of processed foods aimed at reducing the use of critical nutrients (sugars, saturated fats and/or salt), and/or reducing portion sizes.
- Implementation of fiscal measures such as subsidies for healthy foods and taxes on sugar-sweetened beverages and unhealthy food.
- Regulation of school environments and food in schools.

2.2 UNICEF's contribution to the prevention of childhood overweight

UNICEF recognizes that the prevention of childhood overweight is a multi-sectoral and multi-actor task; this means that it collaborates with governments, civil society organizations, academia, the private sector and other United Nations Agencies.

In its 2021 report,[79] the main interventions promoted by UNICEF were briefly shared. The following is a description of the actions and initiatives promoted and supported by the organization in the region in the last two years.

2.2.1 Generation and use of scientific evidence

UNICEF has contributed to the elaboration of studies and the development of tools to improve food environments, and to strengthen regulatory frameworks, policies and strategies for the prevention of childhood overweight.

- ***Urban food environments***

In 2022 UNICEF commissioned Gehl (a consulting group specializing in urban research and design) to conduct research[80] in selected cities in LAC, and to support local governments and key stakeholders in improving urban food environments and preventing childhood overweight.

The research provided a practical and flexible framework for analyzing and redesigning food landscapes in the region, diagnosing food environments in Mexico City and Santiago de Chile, providing recommendations for improving urban food environments, and contributing to the prevention of childhood overweight in the region.

In Argentina, within the framework of UNICEF's Municipio Unido por la Niñez y la Adolescencia (Municipality, Together for our Childhood)[81] initiative (MUNA), the promotion of healthy environments within local action plans was promoted. This initiative strengthened actions to promote healthy eating in care centres, schools, sports and recreational facilities, health facilities and/or consumption areas or retail stores and supermarkets.

As part of this initiative, UNICEF published in 2023 a mapping and analysis at the municipal level of successful experiences in the promotion of healthy environments for children and adolescents.[82] Among the findings, imbalances were detected between actions in the school environment and the unhealthy habits promoted in the retail settings.

It was determined that opportunities for physical activity are limited in public spaces, and in some households there was evidence of resistance to changing habits towards healthy practices. This last point is a consequence of the habits established in families due to the oversaturation and harmful marketing of ultra-processed products that offer practicality, low cost and convenience. Likewise, the lack of access to and promotion of fresh food and its promotion, as well as high prices in commercial establishments.[83]

Food and beverage marketing aimed at children and adolescents

The studies commissioned by UNICEF in Argentina[84] and Mexico[85] have served as a key input for the modification and advancement of policies to regulate the marketing of food and beverages among children and adolescents in the digital media of these countries. They have also contributed to the point-of-sale study[86] and the advancement of policies aimed at improving retail environments in Mexico.

Front-of-pack nutrition labelling

UNICEF has generated documentary resources on this topic, aimed at decision-makers, civil society, academia, and other stakeholders. Their purpose is to promote the adoption of frontofpack nutrition labelling as a measure to protect the rights of children and adolescents, related to access to information, health, and food.

One of these resources is the document titled Experiences in the design and implementation of front-of-pack nutrition warning labels in Latin America and the Caribbean.[87] The research summarizes the tactics used by the ultra-processed products industry during the labelling formulation processes. Furthermore, it compiles the experiences of seven countries in the region, and provides recommendations aimed at key actors involved in the design and implementation of policies for the promotion of healthy food environments.

A second relevant document is the policy brief Front-of-pack nutrition labelling of foods and beverages.[88] This document frames the policy of front-of-pack nutrition labelling (FOPNL) in a child rights context; compiles the main public policy arguments in support of front-end nutrition labelling; and summarizes how different jurisdictions have implemented this measure and its impact.

These documentary resources seek to inform and raise awareness of the importance of front food labelling as a crucial tool to promote healthy eating habits.

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2.2.2 Development of tools

Landscape analysis tool on overweight and obesity in children and adolescents

This tool,[89] developed by UNICEF and WHO, provides an in-depth analysis of the determinants of childhood overweight. It studies a country's existing policies, laws, strategies and programmes, and supports governments and Country Offices in planning their prevention activities in a systematic way, including indicators for monitoring and surveillance. In addition, it has also enabled the development of action plans for the prevention of overweight in children and adolescents in Costa Rica and Peru.

Retail Assessment Toolkit

With this resource, it is possible to evaluate retail commercial environments such as hypermarkets, supermarkets, convenience stores, discount stores and corner stores where marketing strategies that influence consumer purchasing are present.

The toolkit is aimed at researchers and technical personnel; it is flexible and can be adapted to the local context of the countries. The information is used to develop recommendations and implement measures to improve the environment for proper child nutrition.

The use of this toolkit has served to advance the development of regulatory policies for retail environments in Mexico.

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◆ ***Toolbox for the strengthening of healthy environments at the municipal level***

As part of the MUNA initiative,[90] UNICEF Argentina published in 2023 a toolbox[91] aimed at technical teams that had access to extensive pedagogical resources and territorial strategies to support the improvement of school environments in the territories.

The initiative benefited child care centres, health centres and recreational and/or sports facilities, which adopted recommendations to achieve healthy environments at the local level with community participation, considering gender aspects and promoting the exercise of children's rights.

2.2.3 Stakeholder advocacy meeting

The "First Meeting on Children's Rights and Advocacy in Latin America and the Caribbean: Joining efforts with civil society and academia for the prevention of overweight", organized by UNICEF's Regional Office for Latin America and the Caribbean and the PAHO, was a broad space for working together and fostering synergies and opportunities for the promotion of healthy food environments.

For the first time, 22 countries in the region, 13 UNICEF offices, representatives of civil society and academia met to discuss collaborative advocacy processes, share knowledge and experiences, and debate the challenges facing advocacy efforts for the prevention of childhood overweight.

This valuable space was embraced as an environment for exchanging ideas and creating joint strategies to improve the situation of childhood overweight in LAC.

2.2.4 Improving the environment through policies, regulatory frameworks and strategies

UNICEF's office in Belize has supported the Government in the preparation and approval of national policies regarding nutrition and healthy food in school environments. Likewise, the formulation of the Adolescent Health National Strategic Plan 2019-2030[92] and standards for the prevention of overweight and NCDs in adolescents in health facilities.

The UNICEF office in Colombia and the Ministry of National Education have implemented the Healthy Lifestyles Strategy. The initiative has focused on reducing the high rates of overweight and obesity in children who are part of educational institutions throughout the country. This strategy has benefited more than 21,000 students like Danna Valeria, who is part of her school's dynamic group for the promotion of healthy eating and physical activity (See history).[93]

As part of the actions carried out in Colombia, training has also been provided in territorial networks to carry out an action plan to transform obesogenic environments and prevent overweight in children and adolescents. These networks are made up of members of the national and local government, the community, the health sector and the education sector.

In El Salvador, together with the Family Commission of the Legislative Assembly, the Ley Amor Convertida en alimento para la Lactancia Materna (Love Becomes Food for Breastfeeding) was drafted and approved.

In Guatemala, the National Strategy of Communication for Social and Behavioural Change of the Great National Crusade for Nutrition was designed and implemented. This strategy contemplates the key systems for the prevention of childhood overweight. The strategy is currently being implemented throughout most of the country, benefiting children, families and communities.

In Guyana, the National Breastfeeding Program contributed to the improvement of exclusive breastfeeding rates in children under six months of age.

In Jamaica, UNICEF has contributed to the National School Nutrition Policy, which aims to combat the increase in NCDs and obesity in the country. As a result of this initiative, leaders of the National Council of High School Students have strengthened their capacities for the promotion of this policy; and members of the Healthy Caribbean Coalition and members of the Youth Advocacy Network have amplified the voices of young people in favour of healthy food policies in the country.

Capacity building and amplification of youth voices in support of healthy food policies in Jamaica.

Through the following video[94] adolescents from Jamaica express their opinion about nutrition in school settings, and urge the implementation of actions and policies that promote healthy eating and physical activity in schools.

In Mexico, a strategy was developed and implemented to prevent all forms of malnutrition, including overweight in the first 1,000 days. This strategy strengthened the nutritional capacities of 2,000 workers and benefited more than 80,000 children and pregnant women. Furthermore, an agreement was signed with the Ministry of Labour to promote family-friendly policies, including breastfeeding and parental leave.

Interventions in this country also include the development of a new standard (NOM-037) to promote teleworking by pregnant and breastfeeding women. Along the same lines, UNICEF and the Mexican Ministry of Health are working on the development of a digital application to monitor compliance with the Code.

Jamaican adolescents promoting healthy food policies in school settings.

In Paraguay, the National Breastfeeding Commission was formed and in Jamaica progress was made with the law enacting the Code.

In Venezuela, the Country Office has contributed to the Nutripuntos Strategy of the National Institute of Nutrition. This strategy is aimed at raising awareness among the population, with special emphasis on school-age children and adolescents, of the risk of NCDs due to poor diet, excess weight and physical inactivity, in order to promote changes in their eating habits and improve their nutritional health.

In this country, UNICEF has also contributed to the promotion of a healthy diet and lifestyle in school children, through the inclusion of healthy nutrition topics in the school curriculum and communication campaigns that promote the consumption of healthy foods and limit the consumption of ultra-processed products.

Front-of-pack nutrition labelling of foods and beverages

In recent years, several countries in the region have made progress in approving, implementing and/or increasing the scope of FOPNL of foods and beverages.

In Argentina, UNICEF has supported the government in the approval and implementation of the Healthy Food Promotion Law No. 27.642 (known as the Front Labelling Law). The digital marketing study[95] on food and unhealthy beverages has been a key input for the drafting and approval of this law.

Since its approval in 2021, the Country Office, civil society and other UN agencies (PAHO/WHO, FAO) have continued to promote advocacy actions and information campaigns aimed at the population. Implementation of the Law began in 2022 and, after several years of effort, a model law was achieved due to its comprehensiveness.

This law includes the regulation of advertising both in mass media and on packaging, as well as the promotion and sponsorship of unhealthy products aimed at children and adolescents.

In the case of Panama, advocacy and technical assistance by UNICEF, PAHO/WHO, FAO and the Nutritional Institute of Central America and Panama (INCAP) have made it possible to develop an intersectoral and interdisciplinary work plan to promote the approval and implementation of FOPNL.

The inter-agency work between UNICEF, FAO, PAHO/WHO and WFP in the Dominican Republic has served as a technical platform for the construction of a legal framework. The regulation and resolution of the Ministry of Health, as well as a roadmap for the approval and implementation of FOPNL, are currently under review.

In Uruguay, the use of FOPNL has been promoted and actions were formulated to expand its scope in school environments. In 2022, UNICEF contributed to the development of a proposal to prohibit the sale of food and beverages labelled with excess fat, saturated fat, sugar or sodium in canteens and/or kiosks in public and private educational institutions. This proposal was approved by law and will become effective in 2024.

In Venezuela, the Country Office provided technical support to the Government on FOPNL legislation (black octagon warning stamps) for octagon warnings on products high in sodium, sugar, saturated fats and trans fats. This legislation came into force in 2021 and provides for 36 months of implementation.

Front-of-pack nutrition labelling system in Argentina.

Photos: © UNICEF Belize/2022

Activities during World Breastfeeding Week in Belize.

Regulation of food and beverage advertising aimed at children and adolescents

In Mexico, regulatory policies on food and beverage advertising aimed at children and adolescents were strengthened. This resulted in the modification and inclusion of the regulation of the Internet and digital platforms in the Regulation of the General Health Law on Advertising.

UNICEF-commissioned studies on advertising and marketing on the internet[96,97,98] and in the points of sale,[99] as well as the UNICEF Guide for Decision Makers[100] which were a key input for the modification of these regulations.

2.2.5 Implementation of interventions throughout the lifecycle

The following is a description of the main interventions promoted by UNICEF throughout the life cycle, grouped by thematic areas or areas of work.

During pregnancy and early childhood (under five years of age)

Breastfeeding, complementary feeding and healthy lifestyles

UNICEF has implemented a series of initiatives in several LAC countries that have a positive impact on the nutrition of children under 5 years of age.

During 2022, the Belize Country Office developed breastfeeding promotion actions such as sensitization of breastfeeding women and training activities for community health workers.

Along the same lines, in Ecuador, capacity-building in breastfeeding was provided to health professionals for the proper implementation of the Baby-Friendly Hospital Initiative (BFHI). A cost-effectiveness study was also carried out, which revealed the costs of not applying norms in favour of the child and the mother in health facilities - 838 million dollars in one year.

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Strengthening of breastfeeding capacities in Ecuador.

In Guatemala, under the strategy of Comadronas Promotoras de Lactancia Materna (Midwives Promoting Breastfeeding), 3,000 midwives were certified and the breastfeeding skills of more than 1,000 health workers in the country were strengthened.

As part of this same sphere of actions, health workers in Jamaica were trained to facilitate nutritional counselling and breastfeeding support in public and maternal and child health centres. These initiatives were promoted jointly with PAHO and the Ministry of Health, achieving the certification of nearly 40 per cent of the country's health facilities as Baby-Friendly Hospitals.

Midwives and midwife promoters of breastfeeding in Guatemala.

UNICEF, PAHO and the Jamaican Ministry of Health and Welfare celebrate the certification of Mandeville Regional Hospital as a Baby-Friendly Hospital.

In Paraguay, the breastfeeding skills of mothers and health professionals in hospitals and Family Health Units were strengthened.

In addition, under the initiative "Una comunidad entera para acompañar la maternidad y la crianza" (A whole community to accompany motherhood and parenting), and other actions to promote healthy lifestyles, UNICEF Paraguay trained pregnant women, health professionals and community leaders in breastfeeding, complementary feeding, healthy eating and physical activity.

Capacity-building for mothers and health professionals in Paraguay.

Photos: © UNICEF Paraguay/2022

Initiative "Una comunidad entera para acompañar la maternidad y la crianza" in Paraguay.

In Suriname, the capacities of health workers in hospitals and primary care centres were strengthened and communication actions were developed to support breastfeeding aimed at the general population through radio and television.

UNICEF has also promoted interventions to facilitate, protect and support breastfeeding in other settings, such as workplaces and Child Care Centres. In 2022, the Guide for the installation and operation of Breastfeeding Rooms at workplaces[101] was implemented in 109 breastfeeding rooms in El Salvador.

In Mexico, more than 50 breastfeeding-friendly companies were certified and support was provided to the national government, through the Ministries of Labour and Education, for the development and dissemination of massive online courses on optimal breastfeeding and complementary feeding practices in the workplace, and in Child Development Care. These courses benefited 11,000 employees and entrepreneurs, and 12,000 educational agents in the country.

For more information on this topic, UNICEF Mexico created a website[102] with information aimed at workers and companies. The purpose of this website is to facilitate the implementation of breastfeeding policies in the workplace.

Guide for the installation and operation of breastfeeding rooms at workplaces in El Salvador.

Guide for successful breastfeeding and complementary feeding in Mexico.

UNICEF Uruguay's Como Cuentos Collection.

In Paraguay, UNICEF contributed to the implementation of breastfeeding rooms and training of workers in the proper handling of them and of expressed breast milk in workplaces, as well as raising awareness among workers on the protection of breastfeeding.

In Mexico, the Salud Móvil (Mobile Healthy) strategy was implemented reaching close to 11,000 people in 27 states of the country. This initiative has strengthened the knowledge and motivation for change of pregnant women, parents/caregivers of children under 2 years of age, on topics such as breastfeeding, complementary feeding and healthy lifestyles. As next steps, there are plans to expand the reach of the messages to other audiences such as caregivers of school-age children and adolescents.

In Uruguay, the Como cuentos[103] initiative was launched in 2022. It facilitates the learning of healthy eating habits from early childhood, through reading, games, music and activities among children and adults. To date, this initiative has been implemented all public and private early childhood centres in the country.

Middle childhood (5 to 9 years) and adolescence (10 to 19 years)

◆ *Healthy eating and/or physical activity in schools or other settings*

UNICEF Bolivia and the MIGA Foundation developed a strategy for the prevention of malnutrition in all its forms, including childhood overweight and obesity, with animation resources *(muppets)* represented in a series of characters called MIGAFONOS.[104] Under this strategy, healthy habits and nutritious food with local ingredients from each region of the country are promoted. This initiative has increased the spaces for mass dissemination of information, education, and communication on nutrition in Bolivia, and has benefited thousands of families, children and adolescents in rural and peri-urban areas of the country.

Communicational materials of the MIGAFONOS series.

Algunas experiencias:

"There is a lot of motor development, they get to know other children, make friends and have fun".

- Cristián Varela Troncoso, Attorney.

"I feel strong and cool, because I like to run and jump, I also really liked the teachers because they are very nice."

- Mailen Llanquileo Marileo.

"We planted plants and played a lot. What I enjoyed the most was planting vegetables and sharing with my friends".

- Fernando Cruces Salamanca.

Testimonials and experiences of beneficiaries of the actions supported by UNICEF Chile.

In Chile, under the Reactiva tu Verano y Reactiva tu Escuela (Reactivate your Summer and Reactivate your School) initiatives, UNICEF contributed to activities to promote healthy eating and physical activity behaviours in schools and communities. These actions benefited children and adolescents in the region with the highest rates of childhood overweight and obesity nationwide. In the northern part of the country, the Country Office and the NGO Fútbol Más have promoted healthy lifestyle habits through the use of socio-sports methodologies, benefiting children and adolescents in a migratory situation.

In Belize, UNICEF has used an innovative approach to NCD prevention. It includes raising awareness among adolescents through sports activities in schools, the collection of information through the U-Report platform, and the use of platforms such as Nex'Us. In addition, under the Adolescent Health Program, adolescents and young people have been trained and empowered in healthy lifestyles and NCD prevention at the local and national levels.

Activities for the promotion of healthy lifestyles in school and community settings.

Training activities on nutrition and healthy lifestyles in Cuba and Brazil.

In Brazil, UNICEF and the Consumer Defense Institute developed an Advocacy Plan to promote both healthy school environments and the importance of regulating ultra-processed foods in schools. This plan has benefited nearly 2,000 adolescents and 900 municipalities have been mobilized to facilitate face-to-face and virtual meetings, trainings and debates on healthy eating and obesity prevention.

In 2022, UNICEF Cuba contributed to training in nutrition and healthy lifestyles for families, children and adolescents, teachers, health professionals, government authorities and social communicators. In addition, the technical capacities in nutrition of nearly 3,000 health professionals were strengthened, and more than thousand children and adolescents were sensitized on the prevention of overweight and obesity.

In Ecuador, UNICEF has contributed to the development of initiatives in favour of nutrition and healthy lifestyles in the communities. Community workers have strengthened their skills in these areas and more than 10,000 families have benefited.

In Guyana, the Country Office promoted actions to increase knowledge of nutrition, breastfeeding and healthy eating among community health workers, parents and caregivers, and school nurses for the early detection of overweight and obese children.

In Honduras, more than 5,000 children and adolescents benefited from activities to promote healthy eating and physical activity, and awareness-raising campaigns to prevent overweight and obesity in schools and youth centres.

In Nicaragua, UNICEF supported the Ministry of the Family in the preparation of a Nutrition Manual for Children under six years of age attending CDIs. UNICEF's manual and training activities have improved nutrition and feeding in the IDCs and children's homes.

Children in a Child Development Center in Nicaragua.

Photos: © UNICEF Paraguay/2022

Promotion of school environments, healthy and active communities in Paraguay.

In Paraguay, under the initiative "Promoción de estilos de vida saludable en comunidades educativas" (Promotion of healthy lifestyles in educational communities), advocacy actions and coordinated work were implemented with local authorities in selected districts to establish commitments and promote protective environments and healthy lifestyles in schools, communities and health services. UNICEF also strengthened the capacities of health professionals in the prevention and management of child and adolescent obesity, and trained community leaders in healthy eating and physical activity. These actions benefited 2,000 school-age children and nearly 23,000 people in the community.

In 2022, UNICEF and the Ministry of Public Health of Paraguay developed a virtual course for the prevention and management of childhood and adolescent obesity in primary care. This course trained and certified a large number of health professionals from public and private institutions in the country.

Training and support resource for capacity building for the prevention and management of childhood and adolescent obesity in Paraguay.

Educational materials aimed at children and adolescents to strengthen capacities and knowledge about healthy eating and physical activity in school environments.

Students in Saint Vincent and the Grenadines promoting healthy eating and physical activity.

Teenager preparing a healthy smoothie at Glanvilles High School.

In the Caribbean, UNICEF promoted several recreational and attractive activities (healthy caravans, cooking classes, contests, among others) targeted at children and adolescents. These actions were developed to reduce the consumption of sugar-sweetened beverages; increase the consumption of water, fruits and vegetables; and promote physical activity in school environments. These actions have benefited hundreds of children and adolescents in schools in Antigua and Barbuda, Barbados, Grenada, Jamaica, Saint Vincent and the Grenadines.

The following is an example of a healthy school in Jamaica,[105] which offers balanced school meals with fresh and nutritious food, has a school garden for growing fruits and vegetables, and which has physical activities every day.

Students at the Mona Heights School in Jamaica.

In Barbados, in collaboration with the Ministry of Education, educational announcements and videos were disseminated through the mass media - radio and television - to improve adolescent feeding practices, reaching more than 100,000 people.

Awarding of the most active adolescents during the Barbados Active Schools Program.

Healthy cooking classes and training of Health Ambassadors in schools in Grenada.

Messaging and infographics for the Papei campaign, in Brazil.

2.2.6 Communication campaigns for social and behavioural change

In recent years, UNICEF has also promoted communication strategies and campaigns as an educational and awareness-raising tool for the improvement of social norms and feeding practices among children and adolescents, as well as for the promotion of food policies in favour of adequate nutrition and child health.

In Brazil, the Papei[106] campaign was developed to promote healthy eating in early childhood and families. As part of the campaign, communication channels were activated to disseminate key messages and audio-visual products, reaching more than 30,000 people.

In Ecuador, the COMEAVENTURAS[107] strategy has been implemented in educational institutions, benefiting more than 10,000 families. This strategy promotes healthy habits for the prevention of overweight and obesity in school-age children.

In Mexico, three important campaigns were developed, two of them aimed at promoting and protecting breastfeeding, and the third aimed at promoting the use of front- of-pack nutritional labelling and healthy eating.

The first awareness raising campaign called If you don't do it[108] promotes breastfeeding in the workplace and has reached nearly 6 million views on social media and national television.

The second, aimed at the general population, focused on the influence of digital marketing of breast milk substitutes on feeding habits. This campaign has contributed to improving breastfeeding practices and strengthening regulatory policies on food and beverage advertising aimed at children under two years of age in Mexico.

The third campaign on front-of-pack nutritional labelling called Héroes por la Salud,[109] had a high impact on the population through its dissemination on the web page and social networks. The evaluation of the effects of the first phase of its implementation showed that exposed

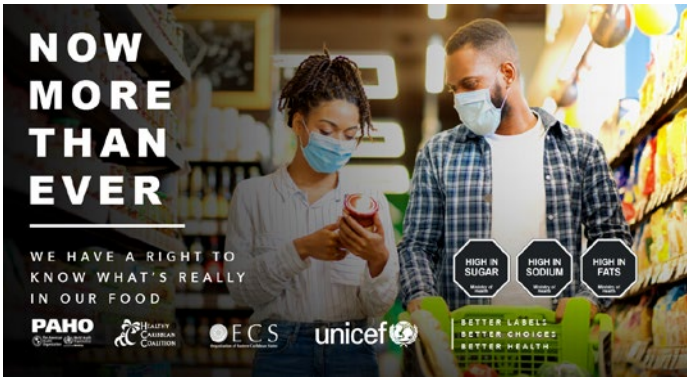
Educational materials and infographics of the Heroes for Health campaign in Mexico.

Campaign "Now more than ever we need to protect our children".

children and adolescents had a better understanding and acceptability of front-of-pack nutritional labelling; in addition, they improved their choices at the time of purchase, choosing fewer products with seals than children and adolescents not exposed to the campaign.

Between 2021 and 2023 UNICEF has contributed to the development and implementation of three digital campaigns in the Caribbean, led by the Healthy Caribbean Coalition. With these communication initiatives, a process of raising public awareness of the impact of childhood overweight and obesity and the regional epidemic of NCDs has been set in motion. Healthy food environments and healthy school environments have also been promoted, as well as the call for the mandatory implementation of front-of-pack labelling. To date, the campaigns have impacted more than 3 million people in the countries and territories of the Eastern Caribbean.

In Jamaica, UNICEF, PAHO/WHO and civil society organizations implemented a campaign for the promotion of front-of-pack nutritional labelling and the protection of children's health, targeting decision-makers, parents/caregivers, children and adolescents, and advocates.



Campaign "Food in our schools matters".

Campaign "Now more than ever: better labels, better choices, better health".

Campaign "Protecting Our Children's Health".

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Conclusions

In LAC, the sustained growth of overweight in children is alarming, especially in children and adolescents between 5 and 19 years of age. At these ages, obesity has doubled or tripled in most countries since 2000.

Despite progress in reducing malnutrition rates at the regional level, there are still some countries with high or very high levels of stunting. The double burden of malnutrition is present in all countries and there is no progress towards meeting the global nutrition targets, nor the SDGs set for 2030.

Among the main determinants of childhood overweight are obesogenic food environments. These are abundant in the region, particularly in urban, vulnerable and socially and economically disadvantaged areas. Consumption of unhealthy and ultraprocessed products has become normalized, especially in more vulnerable and lower-income families.

Repetitive exposure to unhealthy food environments influences the personal preferences, food choices and unhealthy eating habits of children and adolescents, as well as the communities' culinary knowledge of healthy diets and home-made or indigenous methods, putting culinary identity at risk.

Among the main challenges faced by children and adolescents and their families in adopting healthy lifestyles are: high availability, accessibility, affordability and advertising of unhealthy and ultra-processed products in different environments and spaces; the high cost of access to healthy food; lack of urban planning; and insecurity in public spaces. These challenges have a negative impact on child nutrition and health, and contribute to the increase of overweight in childhood and the development of chronic non-communicable diseases throughout the life cycle.

In recent years, UNICEF has promoted actions and interventions to strengthen regulatory frameworks, policies and strategies for the prevention of childhood overweight in the region. Likewise, it has developed strategies to improve food environments; generate scientific evidence to inform decision making; promote, protect, and support breastfeeding; promote healthy eating and physical activity in different environments; among other actions.

A CALL TO ACTION

The outlook in LAC is not encouraging. Overweight is a silent epidemic that affects millions of children and adolescents in the region. Childhood obesity is associated with an increased likelihood of obesity, premature death and disability in adulthood. All this generates a very high burden of disease and costs for health systems.

In the coming years, it is necessary to prioritize and accelerate actions and interventions for the prevention of childhood overweight. Intervening early in life, such as early childhood and adolescence, represents two unique windows of opportunity.

Reversing the rise and ending childhood overweight in the region is a matter of collective responsibility. Prevention remains the most cost-effective way forward. This report calls on all sectors and key actors involved to act more strategically and collaboratively, to separate commercial interests and to put the well-being of children and adolescents above all else.

Recommendations

The following are a series of recommendations aimed at changing the course of this epidemic and improving environments for adequate nutrition and health for children and adolescents in the region.

1. **Declare the prevention of childhood overweight as a national public health priority.** Encourage the contribution of key actors such as the public sector, academia, civil society and the private sector, and foster collaboration between sectors. This allows for the integration and strengthening of interventions, as well as the exchange of experiences and knowledge.

2. **Place children at the centre of decision-making,** incorporating a child rights approach in discussions and debates on the design and implementation of measures for the prevention of overweight and obesity. **Promote the participation of adolescents and young people in decision-making** as recognized agents of change, who are interested and concerned in being part of the solution.

3. **Conduct an analysis of childhood overweight by country and its causes, and select and implement a package of comprehensive interventions with a child rights approach and with the participation of adolescents and young people.** Likewise, develop an action plan and roadmap adapted to specific contexts. The Landscape Analysis Tool on overweight and obesity in children and adolescents developed by UNICEF and WHO is useful for this exercise.

4. **Increase public investment and resource allocation** for the prevention of childhood overweight, including surveillance, monitoring and evaluation systems to ensure the implementation of comprehensive policies and programmes for the prevention of childhood overweight. It is important to assess countries' progress and adjust interventions where necessary. Similarly, it is key that countries in the region have standardized measurement methods and the allocation of resources for this purpose.

5. **Strengthen regulatory frameworks, policies and programmes related to the prevention of childhood overweight.** These must be comprehensive, sustained over time and within the framework of child protection. They must be accompanied by monitoring and enforcement measures that are free from commercial influence, avoiding conflicts of interest at every stage of the process of developing, implementing and monitoring public policies on childhood overweight prevention.

6. **Select and implement comprehensive, evidence-based and cost-effective interventions in the short term.** It is recommended to prioritize and implement dual purpose actions aimed at preventing and reducing undernutrition, overweight, obesity, and/or diet-related chronic non-communicable diseases.

   These actions include initiatives that promote, protect and support breastfeeding, and encourage appropriate complementary feeding for infants. They also incorporate prenatal care and maternal nutrition programmes; regulation of the marketing of breastmilk substitutes and unhealthy foods and beverages to children and adolescents; and policies and programmes for school settings.

7. **Improve food environments** through the implementation of food policies for adequate nutrition and child health; and effective measures to ensure access to and affordability of healthy food for all families with children, especially those with low incomes.

- Implement fiscal measures such as subsidies, vouchers, cash transfers that facilitate access, availability and affordability of healthy food, and effective taxation of unhealthy products to limit consumption.
- Implement a mandatory, government-regulated front-end nutrition labelling system. These should be simple, clear and facilitate healthy food choices.
- Promote, protect and support breastfeeding. Implement the International Code of Marketing of Breast-milk Substitutes and ensure monitoring.
- Regulate the marketing of unhealthy products to which children and adolescents and their families are exposed. This regulation should cover all media, environments and spaces (television, radio, internet, cinema, print media, retail outlets, sporting events, schools, parks, transport and public spaces).
- Reformulate processed products to reduce the use of critical nutrients (sugars, saturated fats, trans fats and/or salt) by avoiding adding other replacement substances that may be potentially harmful to children's health; and reduce portion sizes.
- Regulate school settings, child care centres and health facilities so that there is no marketing of unhealthy products and nutritious food intake is promoted (including in the school curriculum). In addition, to ensure access to safe drinking water.
- Implement adequate medical services for the prevention and timely care of overweight and obesity in children and adolescents.
- Improve urban food environments and create safe and attractive public spaces that promote physical activity. Implement urban planning measures, allocating resources and work in coordination with local authorities.

8. **Advocate for the private sector to engage and contribute decisively and adequately to the prevention of childhood overweight.** This is a key actor that can contribute to:

- Produce and supply healthy and nutritious food at affordable prices in urban, rural and remote areas.
- Implement company policies that promote and support breastfeeding (extended paid parental leave, breastfeeding rooms in the workplace, flexible working).
- Comply with government regulations and international recommendations related to the International Code of Breastmilk Substitutes, front-of-pack nutrition labelling, marketing of food and beverages to children and adolescents.
- Support the construction of safe and attractive public spaces for physical activity.

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Latin America and Caribbean Regional Office
Bldg. 102, Alberto Tejada St.
City of Knowledge
Panama, Republic of Panama
P.O. Box: 0843-03045
Telephone: + 507 301 7400
www.unicef.org/lac
uniceflac@unicef.org

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