Good nutrition is essential for people to live healthy lives and reach their potential. Moreover, a nation of well-nourished people is far better equipped to develop its economy and meet its population’s needs. Studies show that better nutrition can not only improve people’s quality of life, but also increase individual lifetime earnings by up to 46 percent.1 Malnutrition also underlies nearly half of all preventable deaths among children under 5. The most critical time for human nutrition, often called the “1,000 Days,” is between pregnancy and age 2.

### IMPORTANT NUTRITION CONCEPTS

- **Stunting:** A measure of chronic malnutrition during the “1,000 Days.” Stunting means that not only are children far too short for their age, but they have suffered irreversible damage to their health and development—damage that will likely hinder their education and reduce their lifetime earnings.

- **Wasting:** A form of malnutrition where children weigh far too little for their height. Children who are wasted are suffering from acute, sometimes life-threatening malnutrition.

- **Overweight:** A form of malnutrition where children weigh too much for their height. Children who are overweight are at greater risk of chronic health problems that affect their quality of life and productivity as well as add to national healthcare costs.

- **Anemia:** A form of malnutrition sometimes caused by lack of iron in the diet. Anemia affects 500 million women worldwide and is responsible for one in every five maternal deaths. It also causes fatigue and impacts women’s ability to work, especially physically demanding work.

- **Exclusive Breastfeeding:** Feeding children only breast-milk for the first 6 months of life (no other food or water). Exclusive breastfeeding contributes to reducing the prevalence of stunting, wasting, and childhood overweight.

### STUNTING AND WASTING IN LATIN AMERICA AND THE CARIBBEAN

<table>
<thead>
<tr>
<th>Region</th>
<th>Wasting (%)</th>
<th>Stunting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>3.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Central America</td>
<td>0.9%</td>
<td>12.9%</td>
</tr>
<tr>
<td>South America</td>
<td>1.3%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Caribbean countries: Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Trinidad and Tobago, Saint Vincent and the Grenadines

Central America countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama

South America countries: Argentina, Brazil, Bolivia, Chile, Colombia, Ecuador, Guyana, Peru, Paraguay, Suriname, Uruguay, Venezuela


### Nutrition in Latin America and the Caribbean

- Latin America and the Caribbean has made impressive progress against childhood stunting—since 2000, the rate has fallen from 16.7 percent to 9 percent, an improvement of 46 percent.2
- The region experiences disparities: wasting in the Caribbean is more than twice as common in the other sub-regions.3
- Peru reduced its national stunting rate by 35 percent in the four-year period 2010-2014. Guatemala’s stunting rate is Latin America and the Caribbean’s highest at 46.7 percent. Chile’s rate, 1.8 percent, is the region’s lowest.4
- Guyana has the highest rate of childhood wasting—6.4 percent.5
- One significant remaining barrier for Latin America and the Caribbean is its very high levels of economic inequality, which are reflected in children’s nutritional status. The poorest 20 percent of the region’s children are far more likely—3 times more likely—to suffer from stunting than the wealthiest 20 percent.6 This gap is the highest of all world regions.
- Latin America also has the world’s largest gap of severe food insecurity between women and men, based on FAO’s Food Insecurity Experience Scale.7
• Belize has made the greatest progress on exclusive breastfeeding. The country improved its exclusive breastfeeding rate from 14.7 percent in 2012 to 33.2 percent in 2018.  

• Haiti has the region’s highest levels of anemia among women of reproductive age. In 2016, the anemia rate was 46.2 percent. 

Regional Actors

• Scaling Up Nutrition (SUN) Movement: Six countries in Latin America and the Caribbean have joined SUN, which brings together countries with a high burden of malnutrition, 61 at last count, that are committed to scaling up proven solutions. Local civil society, businesses, donor countries, and the United Nations also participate in SUN.

• Pan American Health Organization (PAHO): PAHO is the international health agency for the Americas. Its Member States approved a PAHO Strategy and Plan of Action for the Reduction of Chronic Malnutrition in 2010. 

A Closer Look: Guatemala

Guatemala’s current efforts on nutrition are guided by its National Strategy for the Prevention of Chronic Malnutrition 2016-2020. Despite its political commitment to nutrition, Guatemala is a prime example of the deep and increasing inequality in Latin America and the Caribbean. One sign of this is that even as the national economy grows, Guatemala’s poverty level is also growing—from 51 percent in 2006 to 59 percent in 2014.

Inequality is clearly visible in the far higher rates of poverty and stunting in regions where many indigenous people live. Indigenous people make up about 40 percent of Guatemala’s population. They are marginalized geographically and often linguistically, since many do not speak Spanish fluently. In areas such as the western highlands, home to many recent Guatemalan immigrants to the United States, up to 70 percent of the children suffer from stunting. Climate change in the form of severe drought is a cause of high malnutrition levels in another region, southern Guatemala.

The United States has supported Guatemala’s efforts with investments through USAID’s Global Health, Feed the Future, and Food for Peace. These programs have contributed to a 29 percent decrease in poverty and 10.2 percent decrease in stunting in the areas where they operate.

U.S. Nutrition Funding in Latin America and the Caribbean

Guatemala and Haiti are the only countries in Latin America that have received U.S. funding for basic nutrition since 2014. The combined investment in 2017 was $4.7 million. 

The U.S. Strategy for Engagement in Central America, enacted in 2016, directs resources to the three Northern Triangle countries, Guatemala, Honduras, and El Salvador, for more general foreign assistance. Nearly 9 percent of the entire Northern Triangle population has been forced to migrate because of violence, poverty, hunger, and malnutrition. The funding, which was $754 million in 2016, decreased to an estimated $615 million for 2018 and has been in jeopardy of being eliminated time and again. The United States must continue to support nutrition and other development programs that help address the “push” factors in the region that drive migration to the United States. U.S. programs have seen success and their work must be scaled up.

Endnotes


3 Ibid.


5 Ibid.


8 Ibid.

9 Ibid.


13 Guatemala Demographic and Health Survey 2014


