

**Report of the  
FAO/PAHO/WHO Sub-Regional Meeting on preparations for the  
International Conference on Nutrition Twenty-one years later  
(ICN+21)**

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## Acronyms

ACP	African Caribbean and Pacific
AIDS	Acquired Immune Deficiency Syndrome
CARDI	Caribbean Agricultural Research and Development Institute
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CARIFORUM	Caribbean Forum
CCH	Caribbean Cooperation in Health
CFNI	Caribbean Food and Nutrition Institute
CRNM	Caribbean Regional Negotiating Machinery
COTED	Council for Trade and Economic Development
CSO	Civil Society Organization
DSNCRP	National Growth and Poverty Reduction Strategy Paper (English translation)
EC	European Commission
EPA	Economic Partnership Agreement
EU	European Union
FAO	Food and Agriculture Organization
FBDG	Food Based Dietary Guidelines
FNS	Food and Nutrition Security
FNCE	Food and Nutrition Communication and Education
FTC	Fair Trading Commission
GDP	Gross Domestic Product
HCC	Healthy Caribbean Coalition
HFLACI	Hunger Free Latin America and Caribbean Initiative
HIV	Human immunodeficiency virus
IC	Inter-sectoral collaboration
ICN	International Conference on Nutrition
ICN+21	International Conference on Nutrition twenty-one years later
IDB	Inter American Development Bank
IFAD	International Fund for Agricultural Development
IFPRI	International Food Policy Research Institute
INCAP	Institute of Nutrition of Central America and Panama
MDGs	Millennium Development Goals
NCDs	Non-Communicable Disease
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health

NCDs	Non-Communicable Diseases
NPANs	National Plans of Action on Nutrition
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PATH	Programme of Advancement Through Health and Education
RFNSAP	Regional Food and Nutrition Security Action Plan
RFNSP	Regional Food and Nutrition Security Policy
SPSFC	Social Protection Support to the Food Crisis
SUN	Scaling-Up Nutrition
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations Children’s Fund
UNSCN	United Nations Steering Committee on Nutrition
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme
WTO	World Trade Organization

## OPENING CEREMONY

**Welcome Address:** *Ms Florita Kentish, Sub-Regional Representative for the Caribbean, Food and Agriculture Organization of the United Nations (FAO)*

Ms Kentish extended a warm welcome to all participants on behalf of FAO saying the purpose of the meeting was to sensitize the English and French speaking countries of the Caribbean on preparations for the International Conference on Nutrition twenty-one years later (ICN+21). The meeting would address two issues: (1) how countries could meet their immediate food and nutrition needs, and (2) the need to simultaneously promote longer-term development processes, in particular of the food and agriculture sector, which target the poor.

The first concerted step at promoting regional Food and Nutrition Security in the region began in May 2003 under the first phase of the Caribbean Community/Caribbean Forum (CARICOM/CARIFORUM) Food Security Project (2003-2007). The real benefits from interventions depend heavily on follow-up action which is critical to sustain and build upon the activities of the first phase. The second phase drew on the lessons of the first phase and facilitated the formulation of a Regional Food and Nutrition Security Policy (RFNSP) and Action Plan (RFNSAP) both of which were endorsed and approved by the Council for Trade and Economic Development (COTED); the former also being endorsed by Heads of Governments.

COTED had stressed the need for both the RFNSP and RFNSAP to be underpinned by national Food and Nutrition Security (FNS) policies and programmes in each Member State that are to ensure consistency among member states as well as with the RFNSP. In highlighting the work of FAO in the region, Ms Kentish said the organization was supporting the elaboration of national Food and Nutrition Policies and Action Plans in eleven CARICOM Member States and was also engaged in the development of the Regional Food and Nutrition Security Early Warning System.

In closing, the FAO Sub-regional representative of FAO drew attention to the continued collaboration between FAO and WHO and the assistance that was being provided to countries in their efforts to achieve the nutrition-related goals of the Millennium Development Goals (MDGs). She added that agriculture should have as an explicit objective the improvement of livelihoods and of food and nutrition security.

**Welcome Address:** *Dr Merle Lewis, Pan-American Health Organization, World Health Organization (PAHO/WHO) Representative for Barbados and the Eastern Caribbean countries*

Dr Lewis commended the meeting on bringing together key stakeholders in agriculture, health and nutrition sectors. She noted that, despite the shared goals and interests, professionals in these three fields often worked in isolation from each other. Agricultural policies had a clear impact on human health and nutrition and in turn, health and nutrition policies affected agriculture by influencing whether farmers and their families were healthy enough to undertake the laborious work required for efficient agricultural production.

Dr Lewis drew attention to the deepening epidemic of obesity and chronic non-communicable diseases (NCDs) in countries which are undergoing economic and nutrition transitions. In late

2006, the Caribbean was identified as the sub-region of the Americas most affected by NCDs owing to the rapidly escalating disease incidence and mortality from these conditions.

In September 2007, the CARICOM Heads of Government adopted the Port of Spain Declaration, entitled “Uniting to Stop the Epidemic of Chronic Non-Communicable Diseases (NCDs)”. The declaration re-affirmed the underlying tenet of the 2001 Nassau Declaration, which was, ‘the health of the Region is the wealth of Region’.

In proposing strategies to combat NCDs through healthy diets, the Heads of Government endorsed and supported efforts aimed at securing supplies of wholesome foods from local, regional and extra-regional sources. These included support for the efforts of PAHO’s Caribbean Food and Nutrition Institute (CFNI), the Caribbean Agricultural Research and Development Institute (CARDI) and the regional inter-governmental agencies to enhance food security and support the elimination of trans-fats from the diet. The declaration also emphasized the need for the Caribbean Regional Negotiating Machinery (CRNM) to pursue fair trade policies in all international trade negotiations, thereby promoting greater use of indigenous agricultural products and foods and the mandatory labeling of foods or other necessary measures to indicate their nutritional content.

Caribbean Heads of Government believe that Non-Communicable Disease (NCD) burdens can be reduced through the implementation of comprehensive and integrated preventive and control strategies at the individual, family, school, and community, at national and regional levels. Many Caribbean countries have successfully raised national awareness of the critical need for the adoption of healthy lifestyles. However, some challenges exist in the Eastern Caribbean in the areas of [1] the implementation of multi-sector food and nutrition plans; [2] a trans-fat free food supply; [3] policy and standards promoting healthy eating in schools; [4] mandatory labeling of packaged food for nutritional content.

Effective public health policy requires a multi-sectoral “whole-of-Government” and “whole of society” approach and must be developed at national, sub-regional and regional levels in a harmonized manner. The critical role of civil society in the process was recognized when CARICOM and representatives of the Caribbean Civil Society convened a groundbreaking summit on NCDs in 2008, from which the Healthy Caribbean 2008 and Beyond Declaration emerged.

The Healthy Caribbean Coalition (HCC) was established as a Caribbean civil society alliance for addressing NCDs in areas such as advocacy and coalition building, public education and media campaigns, improved provision of services, and monitoring and evaluation. The HCC plays a significant role in advocacy and public education for reduction of risk factors for NCDs and in creating healthy environments.

Governments need to carefully examine the implications on health of policy development initiatives in sectors such as agriculture, transportation, trade, customs and housing for creating healthy environments and for facilitating the availability and access to affordable and healthy diets.

In closing, Dr Lewis noted that despite measurable progress, many obstacles remain. She hoped that the discussions, ideas and solutions generated in the meeting would lay a solid foundation

on which the linkages between agriculture, nutrition, and health could be further consolidated in pursuit of the common goal of improving the health and well-being of the Caribbean people.

**Opening Address:** *Mr Lennox Chandler, Deputy Permanent Secretary, Ministry of Agriculture, Food, Fisheries and Water Resource Management*

Mr Chandler commended FAO for its ongoing efforts in the area of food and nutrition. He highlighted the critical nature of the meeting by sharing some recent health statistics for Barbados. He cited the increase in the prevalence of Alzheimer's disease and other NCDs as an area of major concern for the Ministry of Health. While noting the 1992 World Declaration and Plan of Action for Nutrition had resulted in improvements in some countries, others had experienced limited progress. Increasing hunger had seriously slowed progress in meeting the MDGs. He suggested the issue of adequate and appropriate nutrition had been compromised and compounded by the lack of emphasis on adequate food and nutrition security. He shared during periods of crisis appropriate standards are often abandoned and disregarded. In response, the Government of Barbados had established a local Agricultural Health and Food Control Agency to ensure that international standards are complied with. Mr Chandler wished the delegates a productive meeting and looked forward to hearing the results of the deliberations.

**Opening Address:** *Dr Joy St. John, Chief Medical Officer, Barbados*

Referring to the World Declaration and Plan of Action for Nutrition adopted in 1992 at the first International Conference on Nutrition (ICN), Dr St. John noted Barbados had made significant progress over the last 20 years and there had been success in reducing under-nutrition, improving sanitation, hygiene and safe drinking water. Barbados has made significant improvement in child survival rates and today severe forms of malnutrition are rarely encountered. However, much needs to be done in the areas of obesity and NCDs where rates are high.

Many Caribbean countries are experiencing a shift in dietary patterns that have resulted in increasing rates of obesity, which in turn have contributed to an increase in NCDs, including diabetes and hypertension. She mentioned that the total number of undernourished people in the region had slightly increased during the period 1990-2005 from 7.5 to 7.6 million people.

Rising prices, the economic downturn and increased unemployment increase poverty and accentuate malnutrition and the incidence of NCDs. In addition to the economic challenges derived from the global recession which require sustained social safety net programmes, Caribbean countries are faced with environmental challenges and natural disasters, such as hurricanes, floods and earthquakes that have devastated the region over the years.

An area of concern is the emerging problem of childhood obesity reflecting shifts in lifestyle and dietary habits. These trends indicate that while some old challenges persist, new ones are posed by the dynamic interplay of changing social, economic and cultural influences.

A major focus of the Ministry of Health is healthy living and health promotion. In this respect, a number of measures are employed to encourage good eating habits, positive health and dietary behaviour among the population. This involves:

- The use of the mass media and social marketing to promote appropriate diets and healthy lifestyle for preventing and managing all forms of malnutrition, including support for community-based physical activity programmes.
- Collaboration with ministries of government and corporations in setting food standards and their enforcement as well as placing emphasis on nutrition labeling, and nutrition education and awareness.
- The development of a national food and nutrition security policy and plan with the Ministry of Agriculture, Food and Fisheries.
- The development and use of Food Based Dietary Guidelines for the selection of commodities and products of high nutritional quality; development of guidelines for healthy nutrition in schools and other institutions promoting healthy food choices and low salt and low fat.
- The inclusion of nutrition education in the teaching curriculum of academic institutions.

In closing, Dr St. John thanked the Nutrition Division of FAO and the Department of Nutrition for Health and Development of the World Health Organization (WHO) in collaboration with the Pan American Health Organization (PAHO) for organizing the meeting.

**Opening Address:** *Ms Renee Franklin-Peroune, Senior Project Officer, CARICOM Secretariat*

Ms Franklin-Peroune reflected on the first ICN held in Rome in 1992 which adopted the World Declaration and Plan of Action for Nutrition. She welcomed the review of progress that was planned by the ICN+21 which would identify the remaining challenges and the new opportunities for improving nutrition.

She continued by observing that this Sub-regional Preparatory Meeting provides an opportunity to reflect on the mandates in relation to agriculture and health. The CARICOM Representative encouraged participants to pay attention to the regional agriculture and health frameworks including the Caribbean Regional Food and Nutrition Security Policy, the Caribbean Community Agriculture Policy, the Liliendaal Declaration on Agriculture and Food Security (2009), the Port of Spain Declaration (POS 2007) to eliminate NCDs, the Caribbean Cooperation in Health Phase III, and St Ann's Declaration (2007) for agriculture and food policies in support of POS to prevent obesity and NCDs.

Successful regional development is dependent on a comprehensive multi-sector approach fuelled by significant investments in critical sectors of agriculture and health. The ICN+21 is to address issues related to both under as well as over nutrition and explore how agriculture, health, education, social and other sectors can work together to address nutrition.

Within the CARICOM and Caribbean region, both the agriculture and health contexts are articulated in the Liliendaal Declaration, which points out the challenges and responses to agriculture in the context of the 2007/8 food crisis and highlights the need to maximize regional agriculture production to meet food security and nutrition needs, to address poverty alleviation

as well as generate income and employment, and ultimately to ensure that agriculture is recognized as an important generator of wealth.

The St Ann's Declaration articulates the Ministers of Agriculture support for the initiatives and mechanisms aimed at strengthening regional health and agricultural institutions and the critical leadership required for implementing agreed strategies for the reduction of the burden of NCDs.

The Port of Spain Declaration refers to the specific health challenge of increasing NCDs – diabetes, cardiovascular diseases, cancers and chronic respiratory diseases and outlines a selection of necessary measures to address the four main modifiable causative risk factors which are unhealthy diets, physical inactivity, tobacco use, and harmful use of alcohol.

For the Caribbean community, the process leading up to and ICN+21 itself presents an opportune global platform from which to speak with one voice and articulate with clarity the unique realities, perspectives, priorities and concerns of the Caribbean, and to ensure that those are adequately reflected and addressed in the outcome of the Conference. ICN+21 provides an opportunity for the global community to adopt a new and appropriate international architecture that will facilitate CARICOM Member States in re-shaping their own national frameworks for achieving sustainable human development.

The outcome of the ICN+21 will contribute to the UN Secretary- General's call for a high degree of policy coherence at global, regional, national and sub-national levels and a global partnership for development at all levels. The ICN+21 will also amplify the Secretary-General's call to leaders gathered at the Rio+20 Summit to take up the "Zero Hunger Challenge".

Ms Franklin-Peroune urged the participants to ensure that their deliberations and documentation articulate the region's priorities to ensure a better quality of life for the people of the region.

## **Caribbean Heads of Government Mandates:**

### **The Port of Spain Declaration:** *Dr Fitzroy Henry, CFNI*

Dr Henry's presentation provided a general overview of the Port of Spain Declaration and the Caribbean Cooperation on Health (CCH) Framework. Heart disease, cancer, stroke, hypertension and diabetes are related to obesity and identified the main causes of death in the Caribbean from 1980-2000. This knowledge had been instrumental in prompting Heads of Government to declare a fight against NCDs and obesity and the Port of Spain Declaration was therefore established which set out to address the following issues:

1. Establishment of National Commissions
2. Development of a legislative agenda e.g. Fair Trading Commission (FTC)
3. Target NCDs with tax revenues
4. Quality of care – screening and management
5. Physical education and healthy eating
6. Elimination of trans fats
7. Fair trading and use of local foods

8. Public education and media
9. Research and surveillance
10. Planning monitoring and evaluation

In terms of national progress, Barbados was leading in the implementation of the Declaration plans, followed by Jamaica, Guyana and Trinidad and Tobago. The least complying countries to the Declaration were Haiti, Anguilla and Turks & Caicos.

Dr Henry then presented on the regional health framework of the Caribbean Cooperation in Health (CCH 11) 2010-2015. The issues to be addressed focused on communicable and non-communicable diseases, health systems, strengthening environmental health, food and nutrition, mental health, family and child health and human resource development. The overall goal of the food and nutrition programme was the achievement of optimal health and enhanced development through the improvement of nutrition, food safety and food security. The priority areas were identified as nutritional deficiency disease with attention to infant and young child feeding, obesity and co-morbidities with attention on healthy diets and physical activity and food security with focus on availability, access and consumption of foods.

#### **Agriculture and Health in the Caribbean:** *Dr Fitzroy Henry, CFNI*

In the Caribbean context, agricultural goals rarely recognize health and when addressed health is limited to the area of food and security. However, the Liliendaal Declaration changed this by calling for health objectives to be recognized when developing agricultural policy. Dr Henry suggested that cheap food was not an end in itself, only the means to an end, and that the end must be better quality of life. He observed that annual incomes spent by the health sector on obesity and chronic disease were greater than the income generated by agriculture.

While previous definitions of food security encompassed a narrow vision equating the physical presence of major food commodities with being food secure, food security was now recognized as an integral part of nutrition and health development. He referred to the World Food Summit Declaration (1996) which articulated that “ food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life”. This definition implied availability of food, stability of the supply, access to food and its biological utilization. These four components were critical in addressing regional food security and health.

Dr Henry shared a successful food security policy employed by Norway (1970) to tackle coronary heart disease. Norway put in place a number of policy measures which resulted in the reduction of fat intake from 40% to 35% and a limit on the proportion of sugar in energy supply. According to Dr Henry, this example highlights the need for food and security policies to be driven by nutrition and health goals. These priorities should: (1) adhere to all four components of the food security definition (2) use nutrition/health goals as a driving force (3) maximize multi-sector approach (4) monitor vulnerability of the poor (5) advocate food security actively as a development goal.

Caribbean countries need to be made more resilient to global and environmental shocks and the populations made less vulnerable to health risks. He recommended incentives for the production

of local foods and of imports in relation to health goals be provided at the national level. At household level, there should be dissemination of information on the least costly foods to secure healthy diets and education on how best to utilize available foods to promote health and well-being. He argued that health and nutrition outcomes present a strong case for a shift from supply to demand side considerations in developing agriculture policies for the Caribbean.

## Expressing the Linkage

### National Plans of Action for Nutrition (NPANs), Process and Contents: *Dr*

*Fitzroy Henry, CFNI*

Food and nutrition policies refer to specific decisions and related actions established by a government and supported by special legislation which address a nutrition/and or food problem or set of problems. The imperative for *effective* food and nutrition policies derives from the knowledge that good health and nutrition is critical to development. The constant assaults on the region's ability to meet food and nutrition goals whether it be natural, exogenous or policy induced and the relevance of nutrition-related diseases as main public health problems contribute to this imperative for effective policies.

A comprehensive food and nutrition policy successful should be based against the background of macro-economic policies and macro development plans as well as plans of other sectors. The three major issues to be considered during the process are food demand, food supply and its biological utilization. The basic steps in the development of any policy include: (1) engage key stakeholders, (2) conduct situational analysis, (3) conduct gap analysis, (4) identify major issues to be addressed, (5) specify clear, consistent and realistic objectives, (6) assess and select from alternative policies and programmes, (7) make policy recommendations, (8) prepare draft document, (9) national consultation, (10) develop Green Paper, (11) submit Green Paper to Cabinet, (12) implementation and co-ordination, (13) evaluation, and (14) revision.

In underscoring the importance of stakeholder participation, inter-sectoral collaboration (IC) is necessary to bring together of actors to achieve mutual understanding of the issue and negotiate and implement *mutually agreeable plans* for tackling the issues identified. This is based on the premise that all stakeholders possess distinctive assets that can be combined in a productive manner to solve complex problems. IC facilitates the creation of a "think tank" to respond to public concern about food and nutrition.

A number of challenges existed in developing food and nutrition policies, including protracted lengths of time in getting the policy to Cabinet, changes in political administrations process and a lack of commitment by members. Lessons learned and recommendations were proposed in the following five areas:

1. Sensitization: copy invitations to meetings to persons at both the executive and senior staff levels, send brief information ahead of the meeting, aim to have more than one person within the represented organization attend meetings.
2. Commitment: sensitize persons from both the Government and Opposition; involve planners and decision-makers at the highest levels to get buy-in.

3. Development of the Policy and Plan of Action: ensure that proper data management systems are in place to feed into the planning process; equip all agencies with up-to-date tools and other resources to aid policy development.
4. Submission to Cabinet: find conveners with credibility across sectors (bridging Agents) to educate and advocate for submission.
5. Co-ordination of Programme: ensure that this power is endorsed by Cabinet through the policy. Advocate for funds for capacity building, incorporate training for members of the drafting committee/keep the members interested and enthusiastic.

### **Introducing the ICN+21: *Leslie Amoroso, FAO***

The 1992 ICN, jointly sponsored by FAO and WHO unanimously adopted a World Declaration and Plan of Action for Nutrition. This declaration resulted in 159 countries and the EU pledging to eliminate or reduce substantially starvation and famine and other associated impediments. One of the most significant results of the ICN was the preparation of the NPANs which represent country priorities and strategies for alleviating hunger and malnutrition.

Slow progress has been made in the 20 years following the ICN. The combined effects of prolonged under-investment in nutrition and in food and agriculture, together with the recent price instability and the economic downturn and exacerbated by the steady increase in the frequency and severity of natural disasters have led to increased hunger and poverty in developing countries which is jeopardizing the progress required to achieve the MDGs.

Investing in nutrition is both a moral imperative and good economic sense as it improves productivity and economic growth, reduces health care costs and promotes education, intellectual capacity and social development.

The Second ICN conference is envisaged as part of efforts to strengthen governance for nutrition and revitalize the role of nutrition at the international level, including political and policy coherence and coordination and international cooperation. The conference will explore new policy options and mobilize the political will and resources for improving nutrition and identifying concrete steps to improve nutrition for all. It will review progress made since 1992 and reflect on the existing and the new challenges and opportunities presented by the changes in the global economy and the food system. Since nutrition is an outcome of multiple causative factors, comprehensive multi-sector solutions are needed.

Member States and other stakeholder groups will be provided with the necessary tools, guidelines and knowledge updates to develop national policies, programmes and plans in sectors including food and agriculture, trade, health and social welfare which will lead to equitable and measurable improvement of nutrition.

The outcome will contribute to the UN Secretary-General's call for a high degree of policy coherence at global, regional, national and sub-national levels and a global partnership for development at all levels. The ICN+21 will also amplify the Secretary-General's call to leaders gathered at the Rio+20 Summit to take up the "Zero Hunger Challenge".

The ICN+21 will be a three day high-level inter-governmental conference, including plenary meetings of high-level government officials and thematic roundtables held as parallel events. In addition to FAO and WHO as the main sponsoring agencies, IFAD, IFPRI, UNESCO, UNICEF, WFP, WTO, the World Bank and other UN System Organizations, stakeholders involved in the Scaling-up Nutrition (SUN) Movement and in the United Nations Standing Committee on Nutrition (UNSCN), inter-governmental organizations, non-governmental organizations (NGOs), civil society organizations (CSOs), academic institutions and the private sector will be involved in preparations for the conference.

Preparations for the ICN+21 include regional and sub-regional meetings, national nutrition papers and country case studies prepared in interested countries (including SUN countries), two expert meetings, stakeholder consultations of CSOs and the private sector. The reports from these ICN+21 preparatory activities studies will help to identify policy actions to be considered by governments in their efforts to improve nutrition.

### **Effective interventions in the food and agriculture sector: *Brian Thompson, FAO***

FAO estimates that a total of 925 million people were undernourished in 2010 compared with 1.02 billion in 2009. Micronutrient malnutrition or “hidden hunger” affects around 2 billion people worldwide (over 30% of the world population) with serious public health consequences. These vitamin and mineral deficiencies, especially of iron, iodine, zinc and vitamin A, lead to poor physical growth and development, lowered mental capacities, reduced productivity, impaired immune systems, blindness and death - all of which are preventable.

Globally approximately 10 million children die before their fifth birthday every year, over one-third of which are associated with under-nutrition. In developing countries, one in three children under the age of five (178 million children) are stunted due to chronic under-nutrition and 148 million children are underweight.

Malnutrition, places a great burden on national health systems and impacts on the cultural, social and economic fabric of nations. It is the greatest impediment to development and to the fulfilment of human potential. While the cost of treating and dealing with the effects of malnutrition, whether in fiscal, economic or human terms is high, the prevention of malnutrition is much less. Investing in nutrition improves productivity and economic growth while reducing health care costs and promoting education, intellectual capacity and social development.

The main drivers of the unacceptably slow progress in ending hunger and malnutrition includes the combined effects of prolonged underinvestment in nutrition and in food and agriculture, the recent price instability and the economic downturn, all of which have been exacerbated by civil war and social unrest combined with the steady increase in the frequency and severity of natural disasters. These drivers have led to increased hunger and poverty, particularly in developing countries where poor monotonous carbohydrate-rich staple diets low in quality in terms of variety, diversity and nutrient content are common, further jeopardizing the progress achieved so far in meeting the MDGs.

For the Caribbean the total number of undernourished in the region increased slightly from 7.5 million in 1990 to 7.6 million in 2005. There is a lack of progress in the Caribbean where wasting remains static at 3% from 1990 to 2010. Overweight and obesity appear to have risen rapidly in

Latin America since 2008 for both men and women. For children, obesity and overweight are high in Latin America relative to most other developing regions; perhaps as a result, prevalence does not appear to have increased much between 1990 and 2010.

FAO's mandate is raising levels of nutrition and ensuring humanity's freedom from hunger by promoting sustainable agricultural and rural development. Focusing on the distinctive relationship between agriculture, food and nutrition, FAO works actively to protect, promote and improve established food-based systems as the sustainable solution to ensure food and nutrition security, combat micronutrient deficiencies, improve diets and raise levels of nutrition and, by doing so, to achieve the nutrition-related MDGs. Some developing countries have made impressive gains in achieving the hunger-related targets, but many are falling behind.

Progress in reducing the extreme forms of poverty and hunger that lead to under-nutrition is crucial for the achievement of each of the other MDGs, while progress in achieving the other goals will all contribute to improving food and nutrition security and to improving nutrition (MDG1).

The region is characterized by poor diets, malnutrition and over consumption. There is an urgent need to increase productivity and efficiency and to identify ways to improve situation for the future.

## **COUNTRY PRESENTATIONS**

### **ANTIGUA AND BARBUDA**

Antigua and Barbuda face a number of agricultural challenges. Problems confronting the agricultural sector include drought and declining agricultural lands and livestock production. Declining lands have been attributed to the increasing numbers of housing developments on the island. A new agricultural policy has been put in place to address land use issues and it is envisaged that this will contribute to increased livestock production.

Total vegetable production continues to increase, production increased from 2.13 MTN in 2008 to 3.83 MTN in 2010. Of this amount 3.33 MTN was for the local market while 0.5 MTN exported.

As evident in other regional territories, the rising incidence of NCDs is of major concern for the government. Of the ten leading causes of death: heart disease, diabetes mellitus and hypertension disease ranked 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> respectively as the leading causes of death. Diabetes slightly increased from 1493 cases in 2008 to 1510 in 2009, and hypertension increased from 3169 cases in 2008 to 3528 in 2009. The country is experiencing increasing levels of obesity in adults, overweight and obesity figures (persons over 20 years attending clinics) steadily increased during the period 2003-2010 from 1121 cases to 2052. Over the period 2003 to 2009, obesity rates fell slightly from 34% to 28% and overweight remained flat at just over 30%.

### **BAHAMAS**

The Bahamas has an estimated population of 375,000 (2010 census) and 85% of all foods are imported. The country suffers from the rising incidence of non communicable disease as witnessed in other regional territories. Obesity rates continue to rise and it is estimated that 6.7% of children aged 5-14 years, suffer from obesity and 48% of the population aged 15-64 are also obese.

The current economic crisis has resulted in high unemployment rates and there is a great demand for Government school feeding programmes.

The Ministry of Agriculture has the mandate to examine the national food and nutrition agenda for action. The agenda for action, employing a multi-sectoral approach has been completed and is awaiting ratification from the government. The agenda identified nine policy initiatives and of this seven have been implemented. In 1994, the Public Health Nutrition Unit was established in Public Health to examine a comprehensive national nutrition service programme. Areas of focus are food and nutrition policy, antenatal service to adolescents, promoting of dietary guidelines, school nutrition programme, examining NCDs and education in schools.

A special programme to address NCDs exists, providing nutritional counselling and free medication among other services. In the agricultural sector a number of mechanisms are in place to promote production. A land use policy exists and there are lease agreements and duty free concessions. Farmers are also encouraged to grow local indigenous foods and to examine ways in which they can be substituted for imported foods. It is anticipated that the ratification of the Food and Nutrition Policy will provide a greater impetus in moving the country forward.

## **BARBADOS**

The country is heavily dependent on imports and a number of challenges have been identified in the transforming and repositioning of agriculture. The Government is working towards increasing the levels of domestic food security in efforts to reduce the food import bill. The intake of food and vegetables is very low and the increasing consumption of fast foods is evident in the population. A major challenge is the high incidence of CNCDs and rising levels of obesity among the population (in both adults and children). These chronic diseases are consistently the major causes of morbidity and mortality in the country. The Ministry of Health, through its National Nutrition Centre and in collaboration with the Ministry of Agriculture, Food, Fisheries and Water Resource Management are in the process of developing a national food and nutrition security policy and plan for Barbados.

The Government through the Ministry of Health and the Ministry of Agriculture, Food, Fisheries and Water Resource Management are working towards the development of programmes to ensure the availability of nutrient-rich foods and the adoption of healthy eating habits and lifestyle change. Some of the measures being implemented include:

- The development and use of Food Based Dietary Guidelines for the national selection of commodities and products of high nutritional quality while emphasizing the nutritional content/composition of local foods as compared with imported foods.
- Development of guidelines for healthy nutrition in schools and other institutions which promote low salt, low fat, healthy food choices.
- The development of nutrition education in the teaching curriculum of academic institutions.
- Nutrition monitoring and surveillance to identify and advise on nutrition for vulnerable groups e.g. infants, older people and disadvantaged groups to tackle health inequalities.
- Nutrition monitoring of the nutritional status of the population.
- Nutrition research geared at solving nutritional problems that impact on wider public health policy where diet and nutrition is one of several risk factors.

- Currently developing a school policy; it articulates a set of guidelines for feeding children including promoting drinking water in schools.
- Government also in the process of preparing a White Paper on Agriculture and developing a policy.

The Health Promotion Unit of the Ministry of Health has embarked on the use of the mass media and social marketing to promote appropriate diets and healthy lifestyle for preventing and managing all forms of malnutrition. Additionally, the government has developed a joint multi-sectoral approach, various ministries collaborating with the private sector and civil society organizations to set standards for food. Emphasis is placed on nutrition labelling and nutrition education and awareness.

## **DOMINICA**

The country has witnessed a declining population with birth rates decreasing from 25.5% in 1992 to 13.4% in 2012. Similar to other small island developing states, Dominica is plagued by a number of socio-economic challenges which have contributed to rising levels of poverty and presented a number of barriers to achieving sustainable growth and development.

The country is experiencing a rapid increase in the value of imports over declining revenues from banana and agricultural exports. The declining agricultural sector is due mainly to the erosion of preferential trading arrangements for African, Caribbean and Pacific (ACP) bananas in the EU. This situation was further compounded by the effects of climate change as evidenced by the frequency of tropical storms impacting the sector in addition to drought in recent times. Agriculture as a percentage of the Gross Domestic Product (GDP) has declined from 20.3% in 1992 to 15.1% in 2000 and 10.5% in 2010.

A major challenge to the agriculture sector has been the frequency of occurrence of new and invasive species problems in recent years, with the emergence of pests and fungi severely affecting crop production.

The health concerns identified in 1992 were mild to moderate malnutrition, low birth rate, micro-nutrient deficiency, hypertension, cancers and obesity. Nutritional adequacy, access and availability are areas which require greater focus in addressing the challenges which confront the country. Despite the availability of fruits and vegetables, poor diets have resulted in micro-nutrients deficiencies and anaemia in pregnant mothers. A deficit of vegetables and legumes in the diet and rising food prices is thought to have compounded this problem. Micro-nutrient deficiency remains a challenge and the rising incidence of NCDs (hypertension diabetes, and cancers) are the leading causes of death in the country.

With respect to stability, disaster risk management and mitigation requires greater attention as the sector is particularly vulnerable to issues of climate change, with specific focus on droughts. The sector has also been impacted by pests which have affected a range of crops. There is greater need for alternative systems to address the rising prices and the need for increased levels of education in the population to understand the benefits of good nutrition practices.

## **GRENADA**

Grenada relies heavily on agriculture for economic activities but food imports are on a large scale and have become a significant source of the Grenadian diet. This is demonstrated by the self-sufficiency index which measures the proportion of the available food supply provided from domestic resources. The low self-sufficiency index highlights the heavy dependence on imports to meet national food requirements. More than 70% of the available foods for consumption are from imports.

The country is faced with increasing malnutrition, iron-deficiency anaemia, obesity and CNCs. However, there has been a decline in under-nutrition among 0-5 year olds. Changing trends in food consumption patterns, a transition from local to imported processed foods compounded by sedentary lifestyles has resulted in nutrition related NCDs (diabetes, hypertension, stroke, heart disease and cancer) and obesity. Actions which have been implemented include the following:

- Root crop development: increased production and consumption.
- Increased fruit and vegetable production: all types of vegetables and fruit under green technology.
- Farmers market: to promote an interconnected relationship between farmers and consumers (lower prices, fresher produce and increased consumption).
- Improving small ruminant production: developing farmer field schools, importation of high pedigree goats, establishment of a small ruminant multiplication centre, and livestock management training.
- Local poultry production.
- Decrease dependency on imports.
- Dairy production: small farmers vulnerability programme.
- Agro-processing: training, supply of equipment and technical assistance (jams, jellies, confectioneries and sauces).
- Incentives programmes for subsector developments: incentives and subsidies, irrigation projects, cocoa and nutmeg sub-sector developments, fishing (concessions, loans, training and equipment).
- Preservation of ecosystems: forestry and fisheries department of the Ministry of Agriculture (marine protected areas, hunting season, natural forest and reforestation programmes.)
- Land access: land bank project.
- Delivery platforms: MoA extension programmes.

A number of recommendations have been proposed for improving the food and nutrition security (FNS) situation in Grenada. The enhancement of the FNS situation through a policy and action plan with increased collaboration among stakeholders and the expansion of food and agriculture initiatives. This would entail increased diverse local marketing strategies/food access and community supported farming. There is also a need for improvement in the surveillance system, increased financial resources, educational programmes and improved availability of basic health treatments at low cost.

## **GUYANA**

Trade is recognized as a key element in the achievement of global food security. In the Caribbean, trade and food security are tied due to the variety of linkages rooted in the importance of exports and imports. Guyana is a net exporter of food and as such enough food is available to feed its population. Agriculture contribution to GDP averages 22%-30% annually. Guyana's agricultural export is approximately 40% of its GDP. Agricultural exports represent approximately 54% of total exports.

Due to lack of financial resources and the geographical spread of the population, 35% of the population lives in poverty with 19% living in extreme poverty. Poverty is more pronounced among the small-farming sector.

A number of challenges are being faced with respect to nutrient deficiencies and NCDs: (1) *Macro-nutrient deficiencies* – children under 5 years, over 5 years, adults, elderly, women and pregnant women); (2) *Micro-nutrients deficiencies* - anaemia was the factor used to assess micronutrient deficiencies. Anaemia is a persistent public health problem among all age groups and sexes, including pregnant women; (3) *Diet-related NCDs* - obesity is a major problem and most severe among women (urban women 66%, rural women 50%). The consequences of obesity are reflected in the morbidity and mortality associated with diabetes, hypertension and cardiovascular diseases. Diabetes was ranked as the second highest cause of death in Guyana.

A number of factors have contributed to the nutritional status of Guyana. These include the macro-economic environment; inadequate and insufficient food security, poor living conditions and health status and inadequate health and social services.

FNS is one of the main pillars of Guyana's agricultural and rural development sustainability. The country is self-sufficient in food; hence food availability is not a major constraint. However, past situations resulting from inefficiencies and deficiencies of the country's food and nutrition safety and security have caused the government to put relevant measures in place to eradicate or reduce such occurrences. Several policy papers, action plans and strategies are in place to guide decision making and implementation.

### *Agriculture Sector:*

- The National Development Strategy (NDS) 2001-2010
- The Poverty Reduction Strategy Paper (2005)
- The Low Carbon Development Strategy
- The Food & Nutrition Security Strategy for Guyana 2011-2020
- Sub-sectors policy papers and action plans

### *The Health Sector*

- National Health Sector Strategy: 2008-2012
- A National Plan of Action for Nutrition
- CNCDS
- Maternal & Neonatal Care Strategies
- National HIV/AIDS, TB & Malaria Strategies
- The Mental Health Framework

The government has responded to the challenges with a number of short, medium and long term interventions. These are aimed at alleviating food insecurity and improving nutrition within the country. Emphasis should be placed on policies aimed at tackling the constraints identified in the Jagdeo Initiative. Lack of political will in some states has caused the stalling of the region-wide agricultural initiative. This requires the engagement of stakeholders, including the donors in activities of the programme and ensuring that communities are knowledgeable on how policies will benefit them. There is a need for improved coordination among the different ministries involved through the sharing of information, the decentralization of some activities and capacity building of relevant personnel. The fostering of a new business climate is also required; this can be facilitated through the provision of technical assistance to improve conducting business in agriculture.

## **HAITI**

In 2007 food security was estimated at 25%. In 2010 this figure increased to 52% when the country received food assistance in the aftermath of the earthquake. The food basket identified an average diet with an absence of any fruits and vegetables. The principal foods were rice (30%), maize (17%) wheat (18%) and vegetable oils (14%).

There is a noticeable change in the dietary consumption of Haitians. Diets now consist of foods saturated in fats; fried foods are fast becoming the meals of choice for many persons in the population. Acute malnutrition declined from 10.1% in 2006 to 4.1% in 2012, resulting from implementation of number of government social programmes. Additionally, wasting declined from 18.1% in 2006 to 10.6 % in 2012.

In February 2012 the National Nutrition Policy was launched and a new concept “Agriculture of Public Health “was endorsed by the Nutrition Core Group. This concept has been introduced to the population along with new bulletins on the food basket and food security. National CMAM protocol is followed by all nutrition partners. Moreover, for the first time funding has been provided in the national budget for nutrition and a Law on food fortification has been developed. Public health nutrition has been integrated in the curricula of 75% of medical and nursing schools and the development of a Communication for Development (C4D) Plan is on-going.

At the socio-economic and agricultural level, low per capita income, impaired cultural food distribution, lack of health seeking behavior by households, inadequate local food production and environmental vulnerability hinder the success of Government’s policy goals.

A number of next steps have been identified for improving nutrition within the country. An institutional analysis is required to identify the role of nutrition in different ministries. Engagement in the institutional reforms to meet the needs of nutrition specialists, and integrating nutrition development plans from the Haiti’s National Growth and Poverty Reduction Strategy Papers (DSNCRP). A multi-sectoral approach is needed to enhance coordination of nutrition interventions.

## **JAMAICA**

Jamaica has undergone significant social, political and economic changes since 1992. It is a highly indebted upper middle income country after several years of straddling the lower upper middle income threshold. The Jamaican economy grew by 1.7% in the year 2011 relative to 2010 when it contracted by 1.4% (year to year). Agriculture’s contribution to GDP and the overall economy

declined by 13.4% over the past 20 years, moving from 6.7% in 1991 to 5.8% in 2010. Notwithstanding the decline, the industry is an important contributor to GDP, employment, foreign exchange earnings and rural life.

Agriculture occupies an important position in Jamaica's long term development plan given its contribution to rural livelihoods and stability, environmental sustainability and food security. It is central to the country's quest for food security. The Government has therefore promoted national food security as a means of meeting the food and nutrition requirements of the population. To this end, the following programmes/projects were and are being instituted:

- EC food facility project
- Urban backyard and school garden projects
- Improving Jamaica's agricultural productivity
- Green house clustering
- Small ruminant expansion programme
- The "Eat what you grow" campaign
- The production of targeted crops through the F.A.R.M. programme
- School feeding programme
- Promotion of farmers' markets
- Various land polices that will give access to landless farmers
- Support to the fisheries and poultry sectors
- Provision of social services through the extension arm of the Ministry of Agriculture

A national food and nutrition security policy is currently being developed with the financial support of FAO. The forging of a working relationship with the private sector is in progress and the Government is working with the World Bank to develop risk transfer mechanisms for the agricultural sector. An Agricultural Disaster Reduction Mechanism has been implemented within the agricultural sector.

Jamaica's food requirements are currently being met from locally produced and imported food sources. Food imports have risen over the last 20 years from US\$151 million in 1991 to US\$819.4 million in 2010, peaking at US\$936 million in 2011. The main imports consist of processed or semi-processed foods of the following categories: cereals, meats, sugar and sugar preparations and raw materials for animal feeds.

The overall health of Jamaicans has improved considerably over the decades and Jamaica ranks high among developing countries in terms of the health status of the population. Life expectancy at birth stood at 71.4% in 2011 and the total fertility rate is 2.4 children per woman. NCDs such as diabetes, hypertension, cardio-vascular (heart) conditions, obesity, some cancers and some lifestyle practices such as tobacco consumption, substance abuse, injuries from violence and mental illness are the main causes of morbidity and mortality in Jamaica.

The main causative factors to NCDs were identified as weight problems, sedentary lifestyle and inadequate dietary practices. Jamaica continues to fall short of its nutrition target for all since 1992 and is now faced with a double disease burden. The problem caused by malnutrition because of nutritional deficiency still exist while at the same time a steady increase in obesity, diabetes, hypertension and other cardio-vascular diseases. Approximately 30% of men and 60% of women are obese and overweight. Cardio-vascular diseases account for 56% of deaths

annually. Jamaica has experienced a rapid change in dietary habits and activity levels which may have resulted from the change in economic structure.

A 1998 CFNI study found that consumption of fruits and vegetables is less than and consumption of oils and fats and processed foods is higher than levels recommended by health officials. During 2011, the government through the Ministry of Health finalized the Infant and Young Child Feeding Policy. There was also the re-launch of the Breast Feeding Programme and an Interamerican Development Bank (IDB) project on Social Protection Support to the Food Crisis (SPSFC) nutrition component which aimed to increase breast feeding, provide haemoglobin testing children, provide micro-nutrients supplements for children. Training of parents with respect to supplementary foods and nutrition of infants were also carried out under the project.

To improve nutrition in Jamaica requires effective collaboration across all sectors especially health, agriculture, education, environment, social security, NGOs and the private sector. Political will is essential and this should result in more resource allocation. Additionally, capacity building is required in certain key areas to facilitate proper policy formulation and implementation. Proper data collection is also necessary to locate food vulnerability and its causes. Public education initiatives which emphasize the benefits of eating “right” and improving and widening the social safety net (Programme of Advancement Through Health and Education - PATH etc.). Locally produced healthy and nutritious components should be included in all school feeding programmes.

The aim should be to consume more locally produced food and reduce the levels of imports since the analysis has shown that most of the imported foods consist of fat, oils and processed items which lack the quality for producing healthy diets.

## **ST. KITTS AND NEVIS**

During the period in focus, St Kitts and Nevis experienced a major shift in its economic structure when the country moved away from an agricultural-based economy with the closure of the sugar industry. The closure has resulted in a mass web of unforeseen complexes that have triggered life style shifts and changes:

- Unprecedented land availability for agriculture use
- Social readjustments – in families, relationships etc.
- Landscape challenges – erosion etc.
- Economic refocusing- shift to service based economy

Rapid development has resulted in a noticeable shift in population taste – especially in the younger generation. There is a greater preference for fast foods and nutrition is now secondary to taste.

The government has made considerable progress over the years to improve the nutritional well-being of the population through focused and deliberate policies and programmes. However, a number of emerging problems demand changes in policies and programmes to meet new priorities. In particular, where under-nutrition was the major focus during the (1970’s, 80’s, 90’s), the emerging problems of obesity and related diseases of diabetes, hypertension, heart disease required a reorientation of policies and programmes while maintaining surveillance on under-nutrition to avoid widespread recurrence of the problem.

The government is in the process of developing a food and nutrition security policy. A special committee (multi-sectoral) to draft and implement the new food and nutrition policy was formed. The plan of action for the new policy involves four pillars of food and nutrition security which are:

1. Food availability: to promote the sustainable production of safe, affordable, nutritious, good quality of local food commodities/products.
2. Food access: to ensure access of federation households and individuals to sufficient nutritious affordable foods all times.
3. Food utilization: to promote the commercialization and consumption of safe, affordable and nutritious food commodities/products.
4. Food stability: to improve the food and nutrition resilience of the federation to natural and socio-economic shocks and climate change.

All proposed policies and programmes are organized under the four pillars and cover the following food and nutrition thematic areas: (1) improving household food security (2) promoting appropriate diets and healthy lifestyles (3) promoting breastfeeding (4) preventing and controlling micronutrient deficiencies (5) assessing, analysing and monitoring nutrition situations and (6) incorporating nutritional objectives into development policies and programmes. The coordination of the various activities will be facilitated by the establishment of a Food and Nutrition Coordinating Committee. The committee will be multi-sectoral in composition drawing its membership from government ministries, the private sector and NGOs. Budgets will also be allocated to facilitate these objectives.

With respect to food availability, the Government aims to promote increased availability of locally produced nutritious food at competitive market prices through the utilization of a national approach to production planning in the Federation.

Public knowledge of nutrition is required and should be evidenced by improved dietary habits. The importance of physical activity must be inculcated within the population and the population must be encouraged to take responsibility for their health and adopt healthy lifestyles.

## **ST. LUCIA**

Survey data reveals high prevalence rates in respect of lifestyle diseases namely, diabetes, high blood pressure, heart disease and cancer. The socio-economic status has no impact on the pattern of lifestyle diseases affecting the population. Irrespective of per-capita consumption quintile, high blood pressure is the most prevalent lifestyle disease affecting residents, with diabetes ranking second.

A National Agricultural Policy and Strategic plan exists and is currently being implemented. The policy clearly states the need to enhance the national food security status and to increase reliance on domestic agriculture, fisheries and consumption of locally produced foods. The policy aims to increase reliance on domestic agriculture to satisfy the national demand for safe and nutritious food. A separate nutrition policy will be developed shortly with assistance from FAO. The Ministry of Health (MoH) has indicated that the lead on the Food and Nutrition Security Policy should be the Ministry of Agriculture (MoA). Although some degree of collaboration exists between the two Ministries no formal structure exists, except for specific purposes.

*Food and agriculture programmes include:*

- Rehabilitation of food and fruit crop subsector
- Expansion of livestock and aquaculture activities in the south
- Agro-processing facility
- Clearing house facility
- Ministry of Health – no projects for 2012-2013 are related to nutrition
- Main partners – Government of St. Lucia, Government of Taiwan, FAO

There have been a number of improvements since 1990. Managerial capacities have improved with better qualified managers and more technically qualified staff. In September 2012, the Agriculture Minister commissioned a Food Production Plan based on nutrition to ensure that every citizen can eat at least one balanced meal a day. Programmes also exist which target diabetes and hypertensive individuals.

The Government has also adopted a new approach with activities targeted towards preventive activities (MoA) as opposed to care (MoH). Ultimately, the necessary actions required to scale up Nutrition include the development of a policy and action plan and greater collaboration between the MoA, Ministry of Education (MoE) and Trade.

### **ST. VINCENT AND THE GRENADINES**

Agricultural production is significant in ensuring a reasonable level of the food security in St. Vincent and the Grenadines. However, the difficulties experienced in agriculture, mainly the erosion of preferences and the consequent declines in banana exports, has resulted in St. Vincent and the Grenadines being classified as a net importer of food.

The country supports a number of implementation mechanisms which assist with the management and development of the food and agriculture sector. These include the establishment of a National Food and Nutrition Council (Health as Chair and Agriculture as Deputy Chair). Other stakeholders include: Education, Finance, Social Development, Farmers Organization, Chamber of Industry and Commerce, Development of a National Plan for Nutrition and Food Security and the development and Implementation of a National Food Production Plan 2008 by the MoA. Additionally, there is a Cabinet Committee on the Economy and National Food Based Dietary Guidelines have been implemented.

The MoA actively promotes food based dietary guidelines and buys local campaigns which create a demand for local produce. Challenges related to the availability and accessibility of certain foods is addressed through encouraging increased production. Incentive mechanisms including subsidization of seed prices and chemicals and the establishment of a land reform and land bank programme also provide the stimulus needed by the industry to increase production.

Current trends show a comparative difference with the current food and nutrition situation compared with 1992. Not much was done between 1992 and 2001 and whilst a National Food and Nutrition Council was established, it is currently inactive. The managerial capabilities of the stakeholder ministries have improved over the period. Priority is not given to food and nutrition issues as an integrated National Policy, the Ministry of Health, through the Nutrition Unit, has the major responsibility. The sustainability issues outside of agriculture production need to be given consideration. The lack of national coordination on food and nutrition/food security issues and the need for greater emphasis on nutrition sensitive agriculture programmes need to be addressed.

Special programmes have been established for the poor and vulnerable and include food packages, increase in public assistance and the extension of the list of zero rated and exempt products as basic food items.

There is greater availability of food with increased variety, dietary diversity and nutrient content. Food safety issues have improved and the input calories in sugars, starches, fats and oils have increased significantly. However, as witnessed in other Caribbean states, the increasing incidence of NCDs continues to be a major challenge.

A number of actions are required to scale up nutrition. These include access to finance/credit, more effective marketing and distribution systems, strengthening of non-state actors to more effectively perform the role of farmers organizations, producer groups, marketing agencies-state, small agro-processors and strengthening of legislation and strategies to address praedial larceny.

A number of success stories have been documented within the country. The commodity based extension programmes which provide a more targeted approach to food production has been very successful. There has also been support from the FAO, European Union (EU) and Trust Funds in financing the food production programmes. These activities among others have inspired high levels of confidence in the production system.

There is need for greater sensitization on food and nutrition policies, programmes and plans and stronger leadership and national coordination. Greater involvement of the private sector is also required in the redefining of goals in the agriculture sector.

## **SURINAME**

A nutrition transition has occurred in the country since 1990. This has been influenced by the arrival of fast food chains, influences of urbanization/globalization, integration of different kitchens, increasing imports of food and food products and changes in employment structures such as increased hours of employment, multiple jobs and working parents.

Chronic diseases remain the major cause of mortality and illness in Suriname. Currently cardiovascular diseases are the leading cause of mortality in Suriname accounting for 28.7% of all deaths in the period 2000-2008 while communicable diseases accounted for 11.1%. This same pattern was evident 30 years previously in the period 1976-1981.

There is no shortage of food in Suriname to supply the needs of the population. However, there are segments of the population where access to food provides some challenges as can be seen in poor dietary patterns largely attributed to poverty.

The Government's policy statement for the period 2010-2015 is embodied in the theme "Crossroads together to better times". The agriculture policy is consistent with this vision and has identified seven goals which articulate its objectives:

- Realizing and ensuring food security for the total population of Suriname
- Ensuring the agricultural health and food safety
- Developing a sustainable agricultural sector
- Developing the agricultural sector including food producers
- Increasing the contribution of the agricultural sector to the national economy
- Creating the conditions for sustainable spatial development of the agricultural sector
- Managing the risks and constraints in the implementation of the agricultural policy

This policy also seeks to establish Suriname as a major food producer and supplier within the Caribbean region. To support this goal, there is a concerted foreign policy focus on Surinam agricultural products gaining access to Caribbean markets. This policy focus is in line with the government policy statement to develop an agricultural policy for the next 5 to 10 years that will contribute to the production of food for about 85% of the total Surinamese nutritional needs and at least 40% of the production destined for export. This is largely dependent on organized efforts of several leading corporations collaborating with farmer cooperatives (small-growers and out-growers) and organizations supporting the production based on the principle of partnerships.

The Government is committed to providing food security for the population with the emphasis on accessibility to safe and healthy foods and a positive contribution by the agricultural sector to the national economy. Any food security strategy will first have to be inward-oriented and there is considerable potential for development of products aimed at the local market.

This would require the development of agricultural production aimed at acquiring a larger share of local products in the domestic market and encouragement of import substitution. This strategy would result in capacity building, development of the Surinamese product, control of production and product branding and marketing.

## **TRINIDAD AND TOBAGO**

FNS has a number of challenges including declining cultivated lands (62.1% to 56.4 %) and food inflation. After 11 years of expansionary growth, the country is experiencing the 5<sup>th</sup> consecutive year of a deficit in the national budget which has resulted in Ministry of Finance initiating programme budget cuts which have adversely affected the population. The country is experiencing increased levels of working poor and indigent within the population.

Increased levels of obesity and iron deficiency remain a concern. Plans for agriculture and health are contained in Medium Term Frameworks and there is the 2020 vision which provides a transformation plan from agriculture to agribusiness. The country is currently in process of implementing the Agriculture now Action Plan. There are a number of schemes in the Action Plan that target young persons and seek to provide the necessary skills to empower and promote employment and productivity.

There is a lack of coordination within various government ministries and departments, different issues fall under various ministries and priorities might not be the same. The ultimate goal is to have various agricultural entities working together. The Trinidad and Tobago agri-business has been executing the national agri-business programme on behalf of the Government during the last five years.

Emerging challenges are climate change with increasing temperatures and unpredictable rainfall, high incidence of pests and diseases and fewer yields add more risk factors. A major challenge which has been recognized, relates to leadership; the goal is to empower farmer's organizations to take control of food production and processing. The buy local programme is also essential. The importance of monitoring and evaluation and data and information systems cannot be overstated, and are critical to the success of any process with addresses food security and nutrition.

## **Economic and Trade Policies relevant to Nutrition: CARICOM/Barbados**

### **Country Case Studies: *Vincent Atkins, CARICOM***

The interface between agriculture, economic and trade policies and nutrition should engage the attention of both regional policy makers and technocrats given the rise in incidence of NCDs.

Effective strategies to deal with NCDs such as those caused by poor dietary intake should, of necessity, be holistic and should draw upon all relevant sectors including health, education, sports, environment, agriculture and trade.

The presentation sought to establish the link between trade and economic policies and nutrition, by drawing heavily on the research of Adam Drewnowski, Andrew Hanks and Trenton Smith by examining key propositions that link economic theory with public health findings regarding increasing obesity rates and which may bear relevance to the kind of economic and trade policies which may be used to address nutrition-related diseases. These propositions were:

- International trade lowers food and diet costs
- Energy-dense foods and diets costs less relative to nutrient-rich foods and diets
- Consumption of energy-dense foods and diets increases as income declines and therefore low-cost, energy-dense diets may contribute to overeating by the poor

The recent significant increases in global food prices may increase the likelihood that poor consumers will purchase more energy-dense diets, thus further contributing to the growth of obesity in the developing world.

A number of policy options were identified for Caribbean countries to encourage improvements in the overall quality of the diet and reduce dependence on low-costs energy-dense foods/diets:

- Encouragement of domestic production of suitable alternatives to imported foods. This can be facilitated by making use of the incentives provided for international trade agreements, including the domestic support measures in the Agreement on Agriculture and the programmes of co-operation in trade agreements such as the Economic Partnership Agreement (EPA).
- Reliance on border control measures such as import duties. While the net impact of a tax on food prices may be indeterminate and affects income groups differentially, selective use of these measures can succeed in influencing consumer choice and serve as an incentive to domestic production. Note that under existing trade rules the use of import licenses and quantitative restrictions to control import volumes are not acceptable except under extreme circumstances and so they are the exception rather than the rule.

The impact of trade and economic policies would be most effective when coupled with widespread consumer education and aggressive marketing policies and programmes. Consumer education should extend to the school curriculum at all levels and should also target more vulnerable groups, such as low-income families.

Incentives to domestic production should not be limited to price incentives. Equally important are information, infra-structural and institutional support including organization of producers into viable economic enterprises.

Promotion of and support to research and development; support to innovation and protection of intellectual property pertaining to food products are important in the policy mix.

Special and differential treatment provisions in trade agreements mediate the impact of liberalized trade and foreign direct investments on domestic food production and food security. CARICOM has consistently encouraged the exclusion of most agricultural products from tariff liberalization commitments. This, however, needs to be done selectively so as not to deny access to high quality imported products which may not be available locally or which could only be produced at exorbitant costs to consumers.

### **Social Protection, Information, Communication and Education: Using the Food Based Dietary Guidelines (FBDGs) as a strategy to promote healthy eating behaviour, (the Caribbean Experience): *Audrey Morris, FAO***

FBDGs are a set of tools based on population nutrient goals. The FBDGs are used to promote nutritional well-being, assist in the prevention and control of diet-related diseases, provide guidance for food and agricultural policies, communicate directly with the public, provide nutrition education and dietary guidance for the general population in terms that are understandable to most consumers and convert scientific knowledge into practical messages.

FBDGs always stress the importance of variety and balance and often promote increased fruit and vegetable consumption. The guidelines tend to discourage excessively high consumption of saturated fats, salt, sugar and alcohol and may include guidelines for physical activity and food safety.

The use of FBDGs are varied and can be utilized by a range of stakeholders, including health providers, teachers, journalists, extension officers and other persons working directly with the public. They are a major strategy for nutrition education and are often used to guide and enhance the effectiveness of food and nutrition policies. Additionally, they promote agricultural production and the use of healthy traditional and modern foods. They have been developed in Latin America and the Caribbean over the past decade with the support of FAO and PAHO/CFNI and the Institute of Nutrition of Central America and Panama (INCAP).

FBDGs development has contributed to the enhancement of local professionals; the development of culturally relevant education materials and the involvement of the local community in promoting healthy eating and lifestyle behaviours. Nine countries (Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines) have implemented FBDGs; two countries are in the preparatory stage (British Virgin Islands, Trinidad and Tobago) and four countries (Antigua and Barbuda, Barbados, Jamaica and Montserrat) are at the development stage. In closing, Ms Morris stressed the importance of multi-sectoral involvement, including ministries, NGOs, CSOs and media in the development of FBDGs.

## **Hunger-Free Latin America and the Caribbean Initiative (HFLACI) and HFLACI Support Project: *Dr Vincent Little, RIALCSH consultant, FAO***

Fifty three million people suffer hunger in Latin America and the Caribbean and nine million children suffer chronic undernourishment. Hunger has serious economic implications including productivity loss, poor health, social and human costs.

The HFLAC represented a commitment from Governments to eradicate hunger in one generation. It was proposed by Brazil and Guatemala in 2005 and became a priority of the countries in FAO's 29<sup>th</sup> Regional Conference and was confirmed at the 30<sup>th</sup> and 31<sup>st</sup> FAO Conferences. The initiative received support from all Heads of State and Governments during the XVI Ibero American Summit (2006) and the First and Second Latin American and the Caribbean Integration and Development Summits (2008 and 2010).

Dr Little highlighted the importance of collaborative efforts in the Hunger Free Latin America and Caribbean Initiative (HFLACI) and identified the major actors as government institutions, social actors and regional integration bodies. The initiative works on four fronts: (1) institutional development (2) policy and programme formulation/implementation, (3) monitoring and information systems, and (4) awareness-raising and social mobilization.

The HFLAC Initiative provides a strategic framework for technical cooperation by FAO in the region. HFLAC efforts in the Caribbean include:

- establishment of linkages and cooperation with CARICOM and other regional bodies
- establishment of focal points in member states
- data collection and information monitoring for policy analysis and planning
- institutional strengthening – legislation, right to food, regulatory frameworks
- parliamentary fronts
- policy development and planning – regional, national policies, and action plans
- small scale agriculture
- information, communication and education in food and nutrition security

## **Analysis of Nutrition Policies in the Caribbean: *Ruben Grajeda, PAHO***

Dr Grajeda provided global statistics that indicate 13 million children are born premature with intrauterine growth restriction, 171 million children under 5 years of age are stunted (2010), and 56 million pregnant women are anaemic. He said the main problems and strategic approaches in nutrition, food security and food safety in the Caribbean countries include:

- Maternal morbidity and mortality (obesity, anaemia, pre-eclampsia, hemorrhage, sepsis).
- Neonatal morbidity and mortality (respiratory problems, sepsis, birth defects, low birth weight).
- Morbidity and mortality in children under 5 years of age (respiratory infection and obesity).
- Schoolchildren, adolescents, young adults, and adults (obesity, accidents, risky behaviors, violence).
- Adults and older adults (obesity, diabetes, hypertension).
- Human immunodeficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS).

- High risk in natural disasters (e.g. storms and floods).
- Food, nutrition and physical activity (consumption of excessive amounts of high energy-dense foods and little physical activity, inadequate breastfeeding practices, early introduction of supplementary foods, inadequate eating habits in the home, and poor quality school meal programs).
- Food security (excessive availability of per capita calories and scant availability and economic access to nutrient-rich foods).
- Social determinants (economic, trade, tariff, agricultural, education, social protection, marketing, communications media, environmental, urban development, and employment policies).
- CRB (CPC, CFNI, and Caribbean Epidemiology Centre - CAREC) identified increased risk of chronic diseases, micronutrient deficiencies, food insecurity, and problems with food safety.

Obesity and diet related chronic diseases are the most important problem in the region. Anaemia and other nutrition deficiencies are also important as well as food security and food safety issues. Direct, nutrition-specific interventions with nutritional improvement as the primary goal are necessary. They should be accessible to all households and individuals, especially in pregnancy, during the first two years of life and at times of illness or distress. A multisectoral approach is critical and should be aimed at promoting adequate nutrition as the goal of national development policies in agriculture, food supply, social protection, and health and education programmes. There is strong need to support the countries to strengthen the health regulatory framework and its capability to design, implement, monitor and evaluate policies and programmes.

### **Result of the Study on Best Practices in Food and Nutrition Information, Communication and Education (FNCE) Programmes and Training of Human Resources on FNCE in the Caribbean RIALCSH/FAO: *Audrey Morris, FAO***

Ms Morris presented the findings of a FNCE study (2011) conducted in four Caribbean countries (Barbados, The Bahamas, Grenada and Jamaica) funded by the Hunger-Free Latin America and the Caribbean Initiative (HFLACI). The Study 'Best Practices in Food and Nutrition Communication and Education (FNCE)' presented practices that produce measurable behaviour changes, contribute to improving the nutritional status of the target population and are culturally sensitive, economically feasible, and technically practical. The objectives of the study were to review the experiences and approaches used in FNCE programmes carried out in the Caribbean and identify good practices and programmes and their success factors in order to have a basis for systematizing and sharing experiences. Recommendations to improve the implementation of FNCE programmes in the Caribbean included:

- cohesive strategies for FNCE in each country
- strengthening of the collaborative environment
- establishment/revitalization of multi sectoral committees
- sharing of information and responsibility for programme implementation
- support for programmes – resources, training, and evaluation
- monitoring and evaluation feedback mechanism
- increased availability of FNCE training for professionals

- increased FNCE component in existing training programmes
- development of postgraduate FNCE training programmes
- on-site and distance education

## Working Group Reports

In the introduction to the working group session, participants were congratulated for the good quality of their country presentations which were strong on data and analysis. However, some of them were a little weaker on the policy side and so participants were encouraged to focus in their working groups on what the agriculture and food system (agriculture, food trade, processing and marketing) can do to improve all forms of malnutrition and to identify realistic policies and programmes to improve nutrition along the food chain. They were asked to consider what policy instruments are available that could be used to enhance nutrition such as increasing yields of overall production, efficiencies for small farmers, variety and diversity of the food basket, income, access to and consumption of food, and closing the ‘nutrition gap’. They were also asked to consider how far ministries of agriculture are able to implement such proposals. The participants were encouraged to further develop their country nutrition papers by strengthening the policy recommendations section using the guidelines provided and liaising with their counterparts in agriculture and health.

Two working groups were asked to discuss the following three questions, and their responses have been summarized together:

### **Question 1: What role does agriculture have for improving food and nutrition security? For a) under-nutrition and (b) for over-nutrition**

Agriculture has the central role to produce food, ensuring adequate amounts in quantity and in quality in terms of variety, diversity, nutrient content, consistency, safety and price. In many societies and for many households and individuals, it also has the central role to provide income and employment and generating wealth. Agriculture also acts or should act as the custodian of the countries natural resources so that they can continue to provide food, income and livelihoods in a sustainable manner for generations to come.

For agriculture to be most effective in improving food and nutrition security, all supporting arrangements need to be in place both from the agriculture sector (land, agricultural inputs such as seeds, fertilizer, tools etc. and water) as well as from other sectors such as an educated workforce living in a healthy and sanitary condition with access to inputs and to other essential goods and services. The aim is to adjust national food and agriculture policies to assure a consistent domestic supply of foods that can provide a healthy balanced diet for everyone that meets dietary needs, based on the nutrition profile of the population, while providing for the sustainable livelihood of producers and those who earn their living from supplying food. In many countries, the length of the value chain of food moving from field to fork is lengthening. A longer food chain provides increased opportunities for non-primary producers to be engaged in and benefit from the adding of value to foods along the food chain which can also be good for developing the local economy if it is managed well. However the lengthening of the chain can also

have potentially negative impacts on the nutritive value of food and the artificial raising of the price of food as food becomes more and more commercialized.

Therefore for ensuring the food and agriculture sector improves food and nutrition security for both those under as well as those over nourished, there needs to be proper guidance and leadership to produce and or procure as far as possible foods that can be part of the food-based dietary guidelines (FBDG) for countries in cooperation with other stakeholders including CSOs and the private sector to stimulate investment for nutrition and food security. This will require guiding senior government officials on the selection of the right kind of policies that impact the food and agriculture system, including legislation and actions that strengthen linkages among producers, suppliers, processes, marketers and distributors and finally consumers.

### **Question 2: How can we improve the links at each step in the nutrition value chain between food production and food consumption?**

In placing a focus primarily on the links between food production and nutrition we are addressing the value chain. Value may be calculated in monetary terms which is fine if all positive as well as negative impacts are taken into account but this is seldom so. We may also assess the value of the food chain in terms of its nutritional content, which may be both added to or removed from the natural food in its natural state (fortified flour and semi-skimmed milk for instance) and a careful analysis of the potential benefits and possible harm these processes may have on the food supply and on individual diets. We may also assess it in terms of its social value in terms of pride in traditional recipes or food habits or its impact on the number and type of jobs that are created. The Ministry of Agriculture in its leadership role has the responsibility to consider these factors in collaboration with other stakeholders and to coordinate the appropriate policy and programme response. Recommendations include:

- providing an enabling environment for stakeholders to properly manage the value chain;
- education and training, public awareness campaign, post harvest management;
- diverse marketing strategies;
- four I's - information, intelligence, incentives, infrastructure;
- communication for social development;
- coordination of stakeholders in the communication for development;
  - Ministry of Health, Ministry of Education, Ministry of Social Development;
- setting and monitoring standards for health and safety;
  - Leadership coordinating mechanisms – stakeholders;
- create a statutory body for overseeing execution of all analytical work going into import and export data and directing relevant entities in their duties;
- explore the viability of MOUs within an appropriate legal framework; to provide opportunities for greater collaboration/partnerships with agencies/bodies who have particular strengths to the benefit of the process, there must be a legal framework established through which a service or facility is provided;
- establish a Total Quality Assurance System targeting the entire Value Chain (farm to fork);
- assess the merits of instituting a system of Contract Production and Marketing;
- make it mandatory that all farmers who access state services provide the relevant Ministry with production schedules and established harvest time and yields; this will allow for the stabilization of supplies that will impact on the 70% of income that the poor spend on food and greater stability of the farmer's income.

### **Question 3: How can we better understand household decision-making regarding food consumption?**

We need to go beyond household consumption surveys and examine the determinants which affect consumption and consider social surveys employing different methodologies to identify determinants. We need to conduct activities to identify factors that determine household consumption through for example food consumption surveys, social surveys to analyze the determinants of food consumption patterns e.g. income, food prices, social media, availability, culture and through focus group discussions. In addition we need accurate and reliable data from different populations to inform policy and programming, including undertaking a household census once every 5 years, inter-census sample surveys and multiple indicator cluster surveys. We need to collaborate more in the analysis of import-export data, employ a focus group consultative process and discuss with retailers relevant issues.

### **Conclusions and next steps**

The multi-sector nature of the causes of malnutrition requires an inter-sectoral response. Agriculture plays an important role for nutrition through the provision of food and in the provision of incomes, employment and livelihoods. How can we make agriculture work best for nutrition? We need to be able to identify what investments in agriculture can improve nutrition and what interventions are needed if we are to correct harmful policies, approaches and practices. Monitoring the cost of a balanced diet as a percentage of the minimum wage would be useful to assess the ease by which low income groups may access balanced diets. We need to understand that adjusting food production and trade policies according to health and nutrition goals as well as calls for reducing food import bills need to be considered recognizing that food production and trade in food is driven by demand. We cannot ask farmers to produce crops unless there is a demand for them.

We need to improve the capacity of governments to develop national and regional plans and actions that incorporate food and nutrition components into agriculture, health and trade policies as well as into other sectors. Indicators of success may include the number of countries with approved food and nutrition plans that explicitly address policy issues linking agriculture, health, employment, trade, education and social protection. Decision-makers need to be persuaded to make the right decisions. For this we need to develop our own competencies in getting our message across so that plans may be transformed into practical action. This requires improved communication and leadership skills.

We have been reminded what a food and nutrition policy and plan looks like, what is needed to prepare it and what are the processes by which we can work with other sectors to develop it and have it approved and implemented. In so doing, we have been provided with a broad and rich description of the complexities of the process. A policy provides a clear set of goals with targets and benchmarks set to achieve them. Its preparation requires an understanding of the processes engaging stakeholders, analysis of institutional capacity as well as of policies and programmes, analysis of gaps and identification of major issues to be addressed, pragmatic policy recommendations and their endorsement in national consultations and the setting up national

Councils or similar and regulatory bodies to ensure adequate investment for their implementation and monitoring.

Recommendations and policy advice need to be presented in language policymakers can relate to such as import substitution, employment generation, balance of payment support etc. We also need to convert the technical knowledge about food composition and nutrition requirements into commonly understandable language for the public.

The private sector including farmers and farmer cooperatives, need to be seen as potential allies as they are important in providing and distributing food. Traditional diets or 'provisions' consisting mainly of indigenous root crops and vegetables have been replaced with more energy-dense diets which are affordable to low income groups. While globalization and international trade are responsible for changing diets, this may be seen largely as a force for good in that food availability has increased and costs have been reduced and thereby diets have improved, hunger reduced and levels of nutrition raised. An increase in food prices or of increase of taxes on such products may lead to a further reduction in consumption of high cost nutrition-rich foods and to an increase in energy-dense diets. However, the increase in availability of convenient energy-dense but nutrient-poor processed foods has contributed to a rise in overconsumption among some population groups.

Governments need to be provided with tools and guidelines and knowledge updates to ensure improved nutrition. All countries need to work across sectors in preparing their country nutrition papers as a contribution to the ICN+21. We need to see where we were in 1992, where we are today and what still needs to be done to improve nutrition.

## Closing Ceremony

### **FAO Closing Remarks:** *Brian Thompson, FAO*

Mr Thompson thanked the representatives from the Ministries of Agriculture and the Ministries of Health from countries of the region, the Caribbean Food and Nutrition Institute (CFNI), the Pan American Health Office (PAHO) Regional Office in Barbados and in Guyana as well as everyone who had contributed to the discussions during the meeting.

In summarizing he mentioned how member countries of the Caribbean are meeting the immediate food and nutrition needs of their citizens through scaling up effective and proven actions for improving nutrition, while at the same time promoting longer-term development processes. Reference was also made to the progress being made by countries since the 1992 ICN on overcoming many of the obstacles to good nutrition, and the changing and evolving problems that have since arisen that provide new challenges for nutrition, health and agriculture. Specifically he reported that from the agriculture side, discussions were undertaken how to better link agriculture, nutrition and health and ensure that agriculture has as one of its explicit

objectives, the improvement of livelihoods and of nutrition of all, particularly of vulnerable population groups, and women and children.

We have discussed how the food and agriculture sector can contribute to comprehensive efforts of other sectors for improving food and nutrition security and for combating undernutrition, micronutrient deficiencies and overnutrition, including obesity and NCDs. We have begun to understand how we can improve the links at each step in the nutrition value chain between food production, food processing and food consumption, and how we can better understand household decision-making in regard to food consumption.

Mr Thompson stressed the significance of the term 'food and nutrition security' and the importance of nutrition-sensitive agriculture and food-based approaches for ensuring that the food and agriculture sector plays its part in improving diets and raising levels of nutrition. This includes 'narrowing the nutrition gap' i.e. the gap between what foods are available and what foods are needed for a healthy and active life. Agriculture needs to ensure that nutrition and gender objectives are incorporated in all aspects of the food supply chain from farm to fork from production, processing, storage, access to and consumption by the consumer. Improving dietary diversity by increasing the availability, access to and consumption of foods necessary for healthy diet facilitates the greater involvement and participation of the poor and marginalized in the development process.

Finally, Mr Thompson stressed the importance to maintain dialogue with country counterparts in other sectors, highlighting that both FAO and WHO will be assisting countries of the region in preparing their joint nutrition country papers which will feed into the preparatory process for the ICN+21. In this regard, FAO will be contacting the country representatives from the food and agriculture sector to follow up. FAO stands with WHO in efforts at global, regional and national levels to improve nutrition. By our placing of emphasis on improving food and nutrition security and WHO'S expertise for improving public health, we are working jointly to assist efforts at country level to achieve the nutrition-related goals of the MDGs.

I wish you all a safe trip back home.

## ANNEXES

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## ANNEX 2 AGENDA

<b>Day 1- Tuesday 2 October 2012</b>	
13:00-14:00	Registration
14:00-14:45	<p><b>Welcome addresses:</b>            FAO: Florita Kentish, Subregional Representative for the Caribbean            PAHO/WHO: Ernest Pate, Caribbean Programme Coordinator</p> <p><b>Opening addresses:</b>            Permanent Secretary, Ministry of Agriculture, Barbados            Representative from Ministry of Health, Barbados            Ms Renee Franklin-Peroune, Senior Project Officer, CARICOM Secretariat</p>
14:45-15:30	<p><b>Caribbean Heads of Government mandates</b></p> <ul style="list-style-type: none"> <li>• Lilliendal Declaration (Food Security)+ CAP [Agriculture]               <ul style="list-style-type: none"> <li>– Vincent Little, RIALCSH consultant</li> </ul> </li> <li>• Port of Spain Declaration (Chronic Diseases) +CCH [Health]               <ul style="list-style-type: none"> <li>– Fitzroy Henry, CFNI</li> </ul> </li> </ul>
15:30-16:00	Break
16:00-17:30	<p><b>Linking the mandates:</b>            Agriculture and Health in the Americas (RIMSA Conclusions)            – Ruben Grajeda, PAHO            Agriculture and Health in the Caribbean – Fitzroy Henry, CFNI            Discussion</p>
<b>Day 2 - Wednesday 3 October 2012</b>	
08:30-09:30	<p><b>Expressing the linkage:</b>            National Plans of Action for Nutrition (NPANs), Process and Contents - CFNI            Status of NPANs in the Caribbean – CFNI            Lessons Learned and Challenges - Discussion</p>
09:30-10:30	<p><b>Roadmap to the International Conference on Nutrition: Twenty-one years later</b></p> <ul style="list-style-type: none"> <li>• Introducing the ICN+21 – Leslie Amoroso, FAO</li> <li>• Effective interventions in the food and agriculture sector – Brian Thompson, FAO</li> </ul>
10:30 -11:00	Break
11:00 -11:30	<p><b>NPANS towards 2013</b>            Analysis of Nutrition Policies in the Caribbean - Ruben Grajeda, PAHO</p>
11:30-12:30	Country presentations for ICN+21- FAO Chair
12:30-13:30	Lunch
13:30-14:30	Country presentations (continued) – FAO Chair
14:30-15:00	Discussion
15:00-15:30	Break
15:30-16:30	<p><b>Economic and Trade policies relevant to nutrition - CARICOM/Barbados</b>            Country case studies – Vincent Atkins</p>
16:30–17:00	<b>Social Protection, Information, Communication and Education:</b>

	Using the FBDG as a strategy to promote healthy eating behaviour (the Caribbean experience) – Audrey Morris
17:00-17:30	Result of the Study: Best practices in Food and nutrition- information, communication and education (FNICE) programmes and training of Human resources on FNICE in the Caribbean RIALCSH/FAO - Audrey Morris
18:00-20:00	Cocktail party
<b>Day 3 - Thursday 4 October 2012</b>	
09:00–09:30	<b>Hunger-Free Latin America and the Caribbean Initiative (HFLACI) and HFLACI Support Project</b> – RIALCSH consultant
09:30-12:00	Working Groups 1-2 1. Nutrition-sensitive food and agriculture strategies - FAO 2. Nutrition education communication – Audrey Morris
12:00-13:00	Lunch
13:00-14:30	Working Groups 1-2 (continued)
14:30-15:00	Break
15:00-16:00	Working Group Reports
16:00-16:30	Wrap up
16:30-17:00	Closing ceremony