



Food and Agriculture
Organization of the
United Nations



International Fund for
Agricultural Development

PAHO



Pan American
Health
Organization



World Health
Organization

unicef

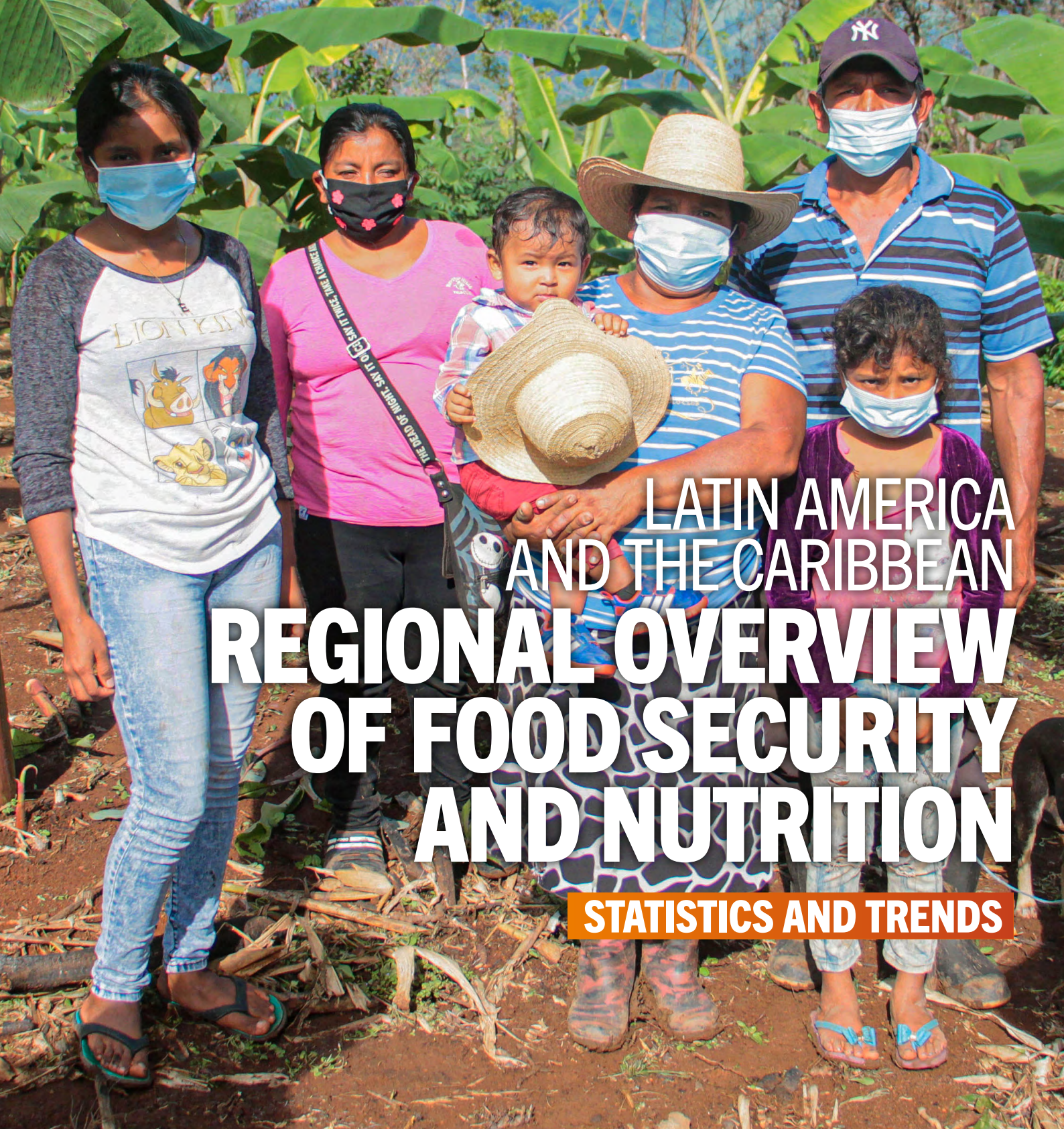


World Food
Programme



World Health
Organization

2021



LATIN AMERICA
AND THE CARIBBEAN
**REGIONAL OVERVIEW
OF FOOD SECURITY
AND NUTRITION**

STATISTICS AND TRENDS

Required citation:

FAO, IFAD, PAHO, WFP and UNICEF. 2021. *Latin America and the Caribbean – Regional Overview of Food Security and Nutrition 2021: Statistics and trends*. Santiago, FAO.
<https://doi.org/10.4060/cb7497en>

The designations employed and the presentation of material in this information product do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations (FAO), of the International Fund for Agricultural Development (IFAD), of the Pan American Health Organization (PAHO), of the World Food Programme (WFP) or of the United Nations Children's Fund (UNICEF) concerning the legal or development status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The mention of particular companies or manufactured products, whether or not these have been patented, does not imply that these have been endorsed or recommended by FAO, IFAD, PAHO, WFP or UNICEF in preference to others of a similar nature that are not mentioned.

The views expressed in this information product are those of the author(s) and do not necessarily reflect the views or policies of FAO, IFAD, PAHO, WFP or UNICEF.

ISBN 978-92-5-135261-8 (FAO)

© FAO, IFAD, PAHO, WFP and UNICEF, 2021



Some rights reserved. This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Intergovernmental organizations; <https://creativecommons.org/licenses/by-nc-sa/4.0/>

In accordance with the conditions of the license, copying, redistribution and adaptation of the work is allowed for non-commercial purposes, provided it is correctly cited, as indicated below. No use of this work should imply that FAO, IFAD, PAHO, WFP and UNICEF endorse a specific organization, product or services. Use of the logos of FAO, IFAD, PAHO, WFP and UNICEF is not permitted. In case of adaptation, the resulting work must be granted the same or an equivalent Creative Commons license, and include the following disclaimer along with the required citation: "This work is an adaptation of an original work by the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the Pan American Health Organization (PAHO), the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF). The views expressed in this information product are those of the author(s) and do not necessarily reflect the views or policies of FAO, IFAD, PAHO, WFP or UNICEF." If the work is translated, the following disclaimer must be added together with the required reference: "The present translation is not the work of the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the Pan American Health Organization (PAHO), the World Food Programme (WFP) or the United Nations Children's Fund (UNICEF). FAO, IFAD, PAHO, WFP and UNICEF are not responsible for the content or accuracy of the translation. The original edition in English remains the authorized text."

Any mediation related to the disputes arising with respect to the license will be carried out in accordance with the Rules of Mediation of the United Nations Commission on International Trade Law (UNCITRAL) currently in force. Third-party materials. If reuse is sought of material contained in this work that is owned by third parties, for example, tables, graphs or images, it is up to the user to determine if authorization is required for such reuse and to obtain the authorization of the copyright owner. The risk of claims arising from the infringement of the right to use material owned by third parties rests exclusively with the user.

Rights and licenses. Publications of FAO are available on the website of the Organization (<http://www.FAO.org/publications/en>) and can be purchased through publications-sales@FAO.org. IFAD's information products are available on its website <https://www.ifad.org/en/web/knowledge/publications>. Publications of PAHO are available on the website www.paho.org and can be purchased through permissions@paho.org. WFP information products are available on the WFP website (www.es.wfp.org/publicaciones/list) and can be purchased by writing to pma.latinoamerica@wfp.org. Publications of UNICEF are available on the website www.unicef.org. Applications for commercial use must be sent through the following web page: www.fao.org/contact-us/license-request. Queries about rights and licenses should be sent to: copyright@fao.org.

COVER PHOTOGRAPH ©FAO/Vanessa Olarte

Eladia Sanches is a beneficiary of the Social Cohesion project of the Ministry of Social Development, where FAO provided technical assistance for field schools, district of Müna, community of Chichica in the Ngäbe-Buglé region, province of Chiriquí. Panama.

2021
**LATIN AMERICA
AND THE CARIBBEAN**
**REGIONAL OVERVIEW
OF FOOD SECURITY
AND NUTRITION**
STATISTICS AND TRENDS

Food and Agriculture Organization of the United Nations
Santiago, 2021

CONTENTS

FOREWORD	v
ACKNOWLEDGEMENTS	vii
ACRONYMS AND ABBREVIATIONS	viii
CHAPTER 1	
SUSTAINABLE DEVELOPMENT GOAL 2.1: UNDERNOURISHMENT AND FOOD INSECURITY	1
1.1 Prevalence of undernourishment	2
1.2 Prevalence of food insecurity based on the Food Insecurity Experience Scale	8
CHAPTER 2	
SUSTAINABLE DEVELOPMENT GOAL 2.2: MALNUTRITION	15
2.1 Stunting among children under five	15
2.2 Wasting among children under five	18
2.3 Overweight among children under five	21
2.4 Anaemia among women of reproductive age	23
CHAPTER 3	
ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS	26
3.1 Adult obesity	26
3.2 Prevalence of exclusive breastfeeding during the first six months of life	29
3.3 Prevalence of low birthweight	31
ANNEXES	
ANNEX I: Data tables	33
ANNEX II: Food security and nutrition indicators definitions	46
ANNEX III: Notes	49
ANNEX IV: Country groupings	51

TABLES

1	Prevalence of undernourishment (percent)	4
2	Number of people undernourished (millions)	7
3	Prevalence of food insecurity (percent)	9
4	Number of moderately or severely food insecure people (millions)	11
5	Number of severely food insecure people (millions)	13
6	Prevalence of stunting among children under five (percent)	17
7	Prevalence of wasting among children under five (percent)	19
8	Prevalence of overweight among children under five (percent)	22
9	Prevalence of anaemia among women of reproductive age (15–49 years) (percent)	24
10	Prevalence of obesity among adults (percent)	27
11	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	29
12	Prevalence of low birthweight (percent)	32
13	Prevalence of undernourishment (percent)	33
14	Number of undernourished people (millions)	35
15	Prevalence of food insecurity (percent)	36
16	Number of food insecure people (millions)	37
17	Prevalence of stunting among children under five (percent)	39
18	Prevalence of wasting among children under five (percent)	40
19	Prevalence of overweight among children under five (percent)	41
20	Prevalence of anaemia among women of reproductive age (15–49 years) (percent)	42
21	Prevalence of obesity among adults (percent)	43
22	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	44
23	Prevalence of low birthweight (percent)	45

FIGURES

1	Prevalence of undernourishment in the world and Latin America and the Caribbean, and the number of undernourished in Latin America and the Caribbean	3
2	Prevalence of undernourishment in Latin America and the Caribbean by subregion	4
3	Prevalence of undernourishment in Latin America and the Caribbean by country	5
4	Number of people undernourished in Latin America and the Caribbean by subregion	7
5	Prevalence of food insecurity in Latin America and the Caribbean by subregion	9
6	Prevalence of moderate or severe food insecurity in Latin America and the Caribbean by country	10
7	Number of moderately or severely food insecure people in Latin America and the Caribbean by subregion	11
8	Number of severely food insecure people in Latin America and the Caribbean by subregion	13
9	Prevalence of moderate or severe food insecurity by sex, 2020	14
10	Prevalence of stunting among children under five in Latin America and the Caribbean by subregion	16
11	Prevalence of stunting among children under five in Latin America and the Caribbean by country	18
12	Prevalence of wasting among children under five in Latin America and the Caribbean by subregion (latest year available)	19
13	Prevalence of wasting among children under five in Latin America and the Caribbean by country (latest year available)	20
14	Prevalence of overweight among children under five in Latin America and the Caribbean by subregion	21
15	Prevalence of overweight among children under five in Latin America and the Caribbean by country	23
16	Prevalence of anaemia among women of reproductive age (15–49 years) in Latin America and the Caribbean by subregion	24
17	Prevalence of anaemia among women of reproductive age (15–49 years) in Latin America and the Caribbean by country	25
18	Prevalence of obesity among adults in Latin America and the Caribbean by subregion	27
19	Prevalence of obesity among adults in Latin America and the Caribbean by country	28
20	Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by subregion	29
21	Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by country	30
22	Prevalence of low birthweight in Latin America and the Caribbean by subregion	31
23	Prevalence of low birthweight in Latin America and the Caribbean by country	32

FOREWORD

Food is central to people's development throughout their lives. Hunger and poverty impede the enjoyment of fundamental rights.

In recent years, various factors have diverted the world off the path to eradicating hunger, food insecurity and all forms of malnutrition by 2030, as part of the Sustainable Development Agenda. The COVID-19 pandemic has exacerbated this trend, and our region is no exception.

This edition of the Regional Overview of Food Security and Nutrition 2021: Statistics and Trends reveals a bleak scenario for the future of the region. In 2020, 59.7 million people suffered from hunger. Between 2019 and 2020, the prevalence of hunger in Latin America and the Caribbean increased by 2 percentage points, meaning 13.8 million more people suffered from hunger than in 2019.

Over the same period, moderate or severe food insecurity increases were even steeper at 9 percentage points. Forty-one percent of the population of the region is moderately or severely food insecure, which translates to 267 million people whose human right to food is not being met.

There is no doubt that much of this can be attributed to the impact of the COVID-19 pandemic, which reduced the incomes of millions of people in the region. However, the pandemic alone is not responsible for all these setbacks, as the regional statistics for hunger have been increasing for six consecutive years.

In the region, one in four adults suffers from obesity. Childhood overweight has been increasing over the last 20 years and is greater than the global average affecting 7.5 percent of children under five years in 2020. Overweight and obesity have significant economic, social and health impacts on countries as they lead to reduced productivity and increased disability, premature mortality, and to increased medical care and treatment costs.

The statistics indicate that we are going backwards in the fight against hunger. We have returned to the levels of 15 years ago, and we are losing the battle against all forms of malnutrition. Much remains to be done to ensure a healthy diet for the entire population throughout their lives.

If we do not make rapid and substantial changes, the countries of the region will fail to achieve Sustainable Development Goal (SDG) 2: "End hunger, achieve food security and improved nutrition and promote sustainable agriculture" and SDG 3: "Ensure healthy lives and promote well-being for all at all ages."

We cannot reverse these trends unless we transform our agri-food systems to make them efficient, resilient, inclusive and sustainable enough to provide a healthy diet for everyone, leaving no one behind. That was the aim of the United Nations Food Systems Summit held in September of 2021, convened by United Nations Secretary-General António Guterres, which brought together 23 Member States from Latin America and the Caribbean to discuss how to bring about a transformation that would benefit the most vulnerable communities.

The goal of the five United Nations agencies behind this publication is to contribute to the agri-food systems transformation by measuring and monitoring food and nutrition security indicators to promote the formulation and implementation of evidence-based policies with an agri-food systems approach.

The data and findings included in this publication will contribute to the policy dialogue for post-pandemic recovery, which is fundamental to closing gaps in equality and meeting the goals of the 2030 Agenda for Sustainable Development.

Julio A. Berdegué
**Regional Representative
 for Latin America and
 the Caribbean
 Food and Agriculture
 Organization of the United
 Nations (FAO)**

Carissa F. Etienne
**Director of the Pan American
 Health Organization (PAHO)
 Regional Director for the
 Americas of the World Health
 Organization (WHO)**

Lola Castro
**Regional Director of the
 World Food Programme
 (WFP) of the United
 Nations for Latin America
 and the Caribbean**

Jean Gough
**Director of the United Nations
 Children's Fund (UNICEF) in Latin
 America and the Caribbean**

Rossana Polastri
**Regional Director of the International
 Fund for Agricultural Development (IFAD)
 for Latin America and the Caribbean**

ACKNOWLEDGEMENTS

This report was jointly prepared by the Food and Agriculture Organization of the United Nations (FAO) Regional Office for Latin America and the Caribbean (FAORLC), the International Fund for Agricultural Development (IFAD), the Pan American Health Organization/World Health Organization Regional Office for the Americas (PAHO/WHO), the Regional Office for Latin America and the Caribbean of the World Food Programme (WFP) and the Regional Office for Latin America and the Caribbean of the United Nations Children's Fund (UNICEF).

This edition was prepared under the direction of Daniela Godoy (FAORLC), Isabel de la Peña (IFAD), Fabio da Silva Gomes (PAHO/WHO), Leendert Nederveen (PAHO/WHO), María Alejandra Martínez (PAHO/WHO), Carla Mejia (WFP) and Maaïke Arts (UNICEF).

The text was written by Israel Ríos (FAO) and Sandra Caprile (FAO). Comments provided by Maya Takagi, Michael Rahija, Maxime Luciene and Jorge Gonzalez of FAO are gratefully acknowledged.

Máximo Torero Cullen and José Rosero Moncayo from FAO headquarters provided guidance in terms of structure and content of the report, Olivier Lavagne d'Ortigue provided support for data visualization, and Anne Kepple, Juan Feng, Olivier Lavagne d'Ortigue, Hernán Muñoz and Veronica Boero provided valuable comments and inputs.

Thanks are also due to the FAORLC communications team, María Elena Álvarez, Joshua Cuellar, Anne Delannoy, Benjamín Labatut, Mariela Ramirez, Cecilia Valdés, Maximiliano Valencia and Mariana Young, for their support in editing and disseminating the document.

ACRONYMS AND ABBREVIATIONS

FAO	Food and Agriculture Organization of the United Nations
FIES	Food Insecurity Experience Scale
IFAD	International Fund for Agricultural Development
LAC	Latin America and the Caribbean
PAHO/WHO	Pan American Health Organization/World Health Organization
PoU	Prevalence of undernourishment
SDG	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

CHAPTER 1

SUSTAINABLE DEVELOPMENT GOAL 2.1: UNDERNOURISHMENT AND FOOD INSECURITY

Key messages

- The rise in hunger and food insecurity levels that have been occurring in the region since 2015, were exacerbated by the effects of the COVID-19 pandemic. The region is now even further off track to achieve Sustainable Development Goal (SDG) target 2.1 to end hunger and achieve food security.
- In 2020, the prevalence of hunger in Latin America and the Caribbean (LAC) reached 9.1 percent, the highest it has been in the last 15 years. Between 2019 and 2020, the prevalence of hunger in the region increased by 2 percentage points, which could be explained in part by the effects of the COVID-19 pandemic. This means that in 2020, 59.7 million people in LAC were undernourished, which is 13.8 million people more than in 2019.
- The subregion that experienced the biggest increase in the prevalence of hunger between 2019 and 2020 was Mesoamerica, which increased by 2.5 percentage points, reaching its highest value in the last 20 years. At the subregional level, in 2020 the undernourished population was 16.1 percent in the Caribbean, 10.6 percent in Mesoamerica and 7.8 percent in South America.
- In 2020, in Latin America and the Caribbean, the prevalence of moderate or severe food insecurity was 41 percent and the prevalence of severe food insecurity, that is people who had run out of food and, at worst, had gone a day or more without eating, was 14 percent. Between 2019 and 2020, in the context of the COVID-19 pandemic, the prevalence of moderate to severe food insecurity grew by 9 percentage points, the most pronounced rise in relation to other world regions.
- During 2020, in Latin America and the Caribbean 267 million people experienced moderate or severe food insecurity, which means that 60 million people more than in 2019 did not have physical or economic access to food in the quantity and quality required for their health and development.
- In South America between 2014 and 2020, the prevalence of moderate or severe food insecurity increased by 20.5 percentage points, while in Mesoamerica there was an increase of 7.3 percentage points during the same period.

1.1 PREVALENCE OF UNDERNOURISHMENT

The Food and Agriculture Organization of the United Nation's (FAO) prevalence of undernourishment (PoU) indicator is derived from country data on food supply, food consumption and energy needs, while taking into consideration demographic characteristics such as age, sex, and levels of physical activity. Designed to capture a state of energy deprivation lasting over a year, it does not reflect short-lived effects of temporary crises or inadequate intake of essential nutrients.

FAO strives to always improve the accuracy of the PoU estimates by taking into account new information, and the entire historical series is updated for each report. For this reason, only the current series of estimates should be used, including for values in past years.¹

Between 2019 and 2020, the PoU indicator for monitoring SDG2 to end hunger in Latin America and the Caribbean, increased by 2 percentage points, which means that the number of people living with hunger increased by 13.8 million in just one year. Undernourishment in the region has now reached 9.1 percent,² influenced by the economic and social effects of the COVID-19 pandemic. Although the region's PoU is slightly below the world average of 9.9 percent, it experienced the largest percentage increase of any region in the world during 2019 and 2020.

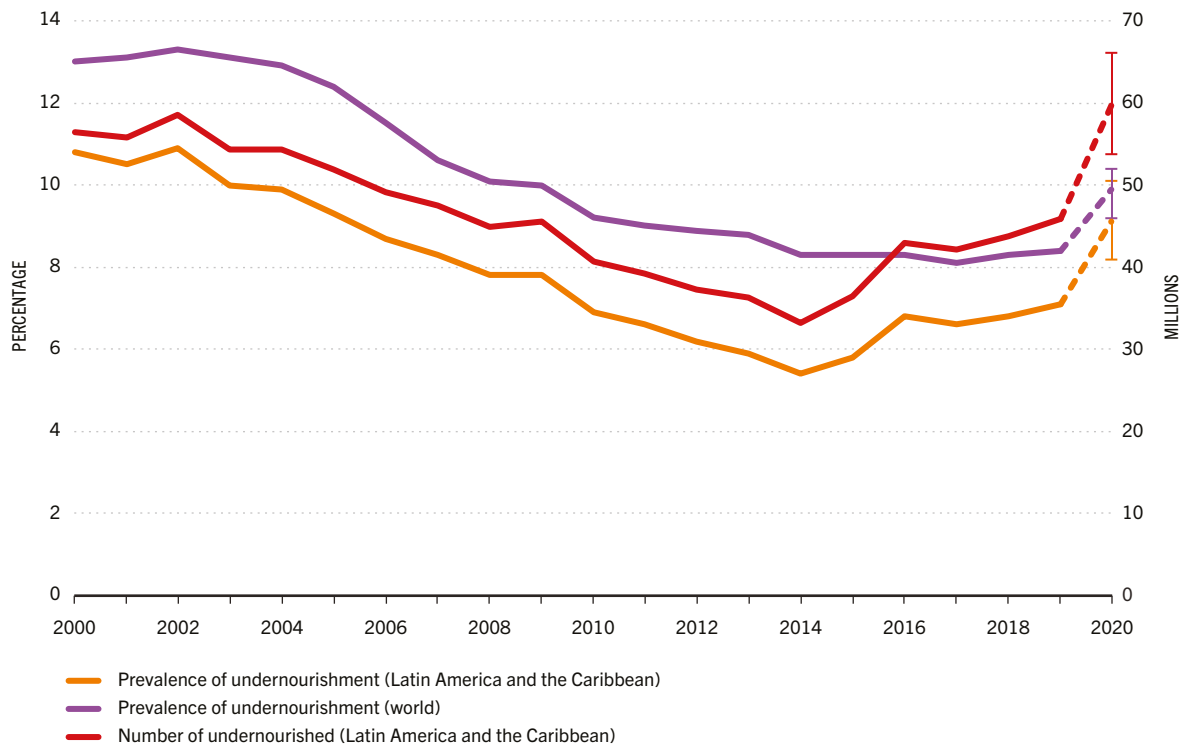
Hunger has been increasing in the region since 2014, with an almost 70 percent increase in the PoU from 2014 to 2020. However, the increase between 2019 and 2020 alone represents more than 50 percent of the overall increase during this period. This further jeopardizes SDG target 2.1 to end hunger and has brought the prevalence of undernourishment in the region to the levels of 2005. It is now, therefore, the highest it has been in the last 15 years.

In South America, the prevalence of hunger in 2020 was 7.8 percent. Between 2014 and 2020, hunger rose from 3.8 percent to 7.8 percent in South America, with an increase of 4 percentage points over six years. It is important to mention that half of this increase occurred during the last year, in the context of the COVID-19 pandemic, taking the prevalence of undernourishment in South America to its highest level since 2007.

1 For more detail, see FAO, IFAD, UNICEF, WFP & WHO. 2019. *The State of Food Security and Nutrition in the World 2019*. Rome, FAO.

2 Due to added uncertainty around the hunger estimates induced by the unprecedented shock of the COVID-19 pandemic, the nowcasts for the 2020 prevalence of undernourishment are presented as ranges. In LAC the range in the number of people is between 53.8 and 66.1 million, and the prevalence is between 8.2 percent and 10.1 percent. The text refers to the middle of the projected range.

FIGURE 1
Prevalence of undernourishment in the world and Latin America and the Caribbean, and the number of undernourished in Latin America and the Caribbean

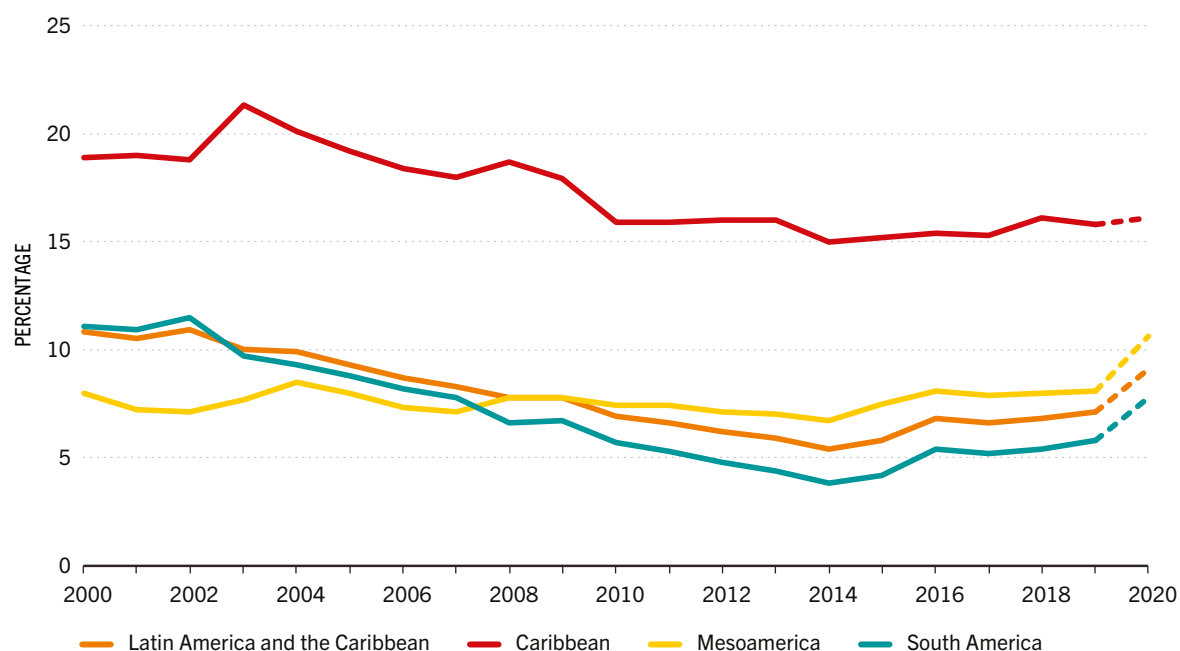


SOURCE: FAO.
NOTES: Values for 2020 are projections. The bars indicate the range of the 2020 estimates.
<https://doi.org/10.4060/cb7497en-fig01>

In Mesoamerica, the prevalence of undernourishment is 10.6 percent. As can be seen in **FIGURE 2**, between 2000 and 2019 no significant variations were observed in this hunger indicator in Mesoamerica. However, in the period between 2019 and 2020, the prevalence of undernourishment increased 2.5 percentage points after a year of the COVID-19 pandemic, reaching its highest value in the last 20 years.

In the Caribbean during 2020, hunger affected 16.1 percent of its population and its increase with respect to 2019 was minimal (0.3 percentage points). Although the prevalence is the highest of the three subregions, showing some gaps between countries. The majority of the countries show figures below 10 percent and only in Haiti does it exceed 40 percent. The subregion has shown a decreasing trend since 2003, with relative stagnation between 2010 and 2020.

FIGURE 2
Prevalence of undernourishment in Latin America and the Caribbean by subregion



SOURCE: FAO.
NOTE: Values for 2020 are projections.
<https://doi.org/10.4060/cb7497en-fig02>

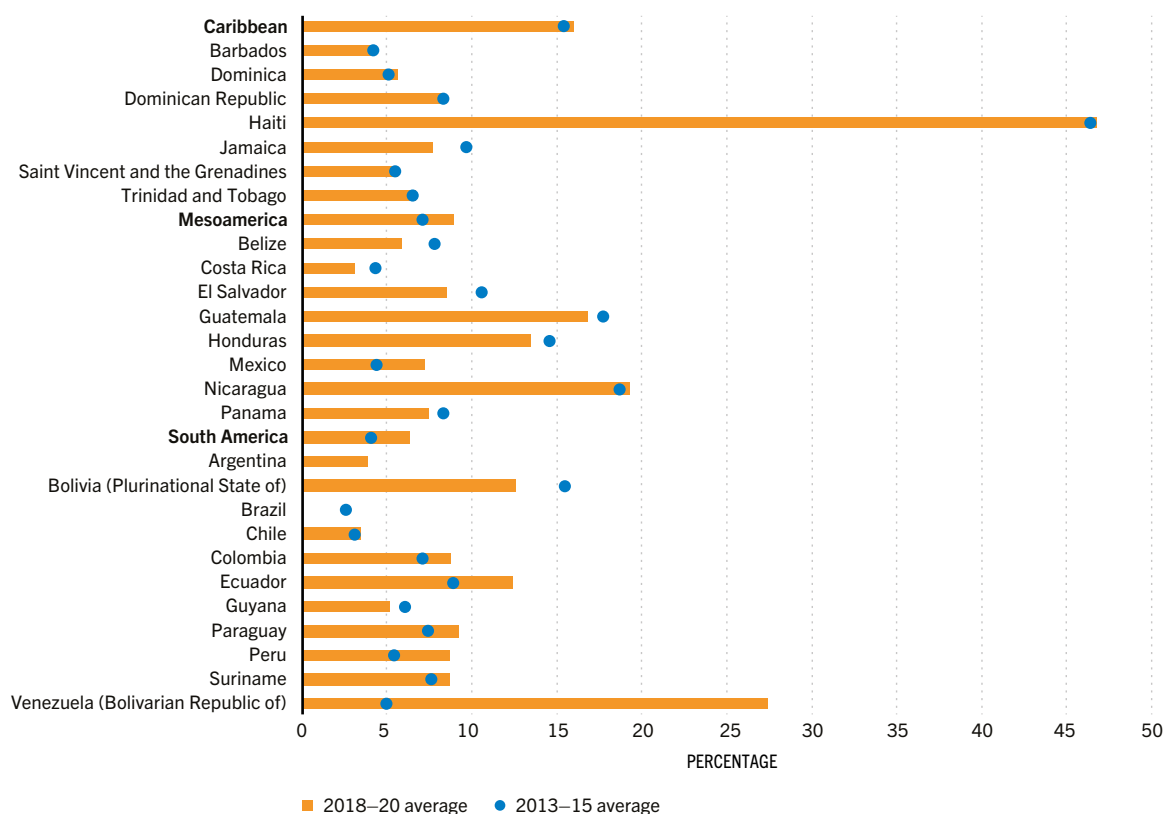
TABLE 1
Prevalence of undernourishment (percent)

	2000	2010	2014	2015	2019	2020
World	13.0	9.2	8.3	8.3	8.4	9.9
Latin America and the Caribbean	10.8	6.9	5.4	5.8	7.1	9.1
Caribbean	18.9	15.9	15.0	15.2	15.8	16.1
Mesoamerica	8.0	7.4	6.7	7.5	8.1	10.6
South America	11.1	5.7	3.8	4.2	5.8	7.8

SOURCE: FAO.
NOTE: Values for 2020 are projections.

The countries with the greatest prevalence of undernourishment in Latin America and the Caribbean during the last available period (2018–2020) are Haiti (46.8 percent), Venezuela (Bolivarian Republic of) (27.4 percent), Nicaragua (19.3 percent), Guatemala (16.8 percent), Honduras (13.5 percent), the Plurinational State of Bolivia (12.6 percent) and Ecuador (12.4 percent). The rest of the countries with available data have a prevalence of undernourishment below 10 percent, and in Brazil, Cuba and Uruguay the prevalence is less than 2.5 percent.

FIGURE 3
Prevalence of undernourishment in Latin America and the Caribbean by country



SOURCE: FAO.
NOTE: Values for 2020 are projections.
<https://doi.org/10.4060/cb7497en-fig03>

Since the triennial period 2013–2015, the prevalence of undernourishment in the countries of Latin America and the Caribbean has tended to rise, increasing in the following countries: Colombia, Ecuador, Mexico, Paraguay, Peru, Suriname and Venezuela (Bolivarian Republic of). Between this period and the most recent triennial available (2018–2020), Venezuela (Bolivarian Republic of) showed a significant increase of 22.4 percentage points, its prevalence reaching 27.4 percent. Ecuador and Peru showed increases of more than 3 percentage points, while in Mexico there was an increase of 2.8 percentage points.

Countries that showed improvements in undernourishment figures between the triennials 2013–2015 and 2018–2020, include the Plurinational State of Bolivia (-2.2 percentage points) and El Salvador (-2.1 percentage points).

In 2020, an estimated 59.7 million people in Latin America and the Caribbean were undernourished.³ This is the highest figure in the last 20 years. Between 2019 and 2020, the population living with hunger increased by 30 percent, rising by 14 million people in just one year.

In 2020, 33.7 million people in South America were undernourished, accounting for more than half of the undernourished people in the region (56 percent). The number of people experiencing hunger in the South American subregion increased by 18 million people between 2014 and 2020. However, half of this increase (9 million people) occurred between 2019 and 2020 in the context of the COVID-19 pandemic. This suggests an increase of 36 percent in the number of people living with hunger in just one year.

In the Mesoamerican subregion there were 19 million people living with hunger in 2020, representing 32 percent of the undernourished population in the region. This figure is the highest registered in the last 20 years in the Mesoamerican subregion. Between 2014 and 2020, undernourishment in Mesoamerica rose by 70 percent, its undernourished population increased by 7.8 million people. During the last period, between 2019 and 2020, it increased by 4.6 million people, representing an increase of 32 percent in just one year.

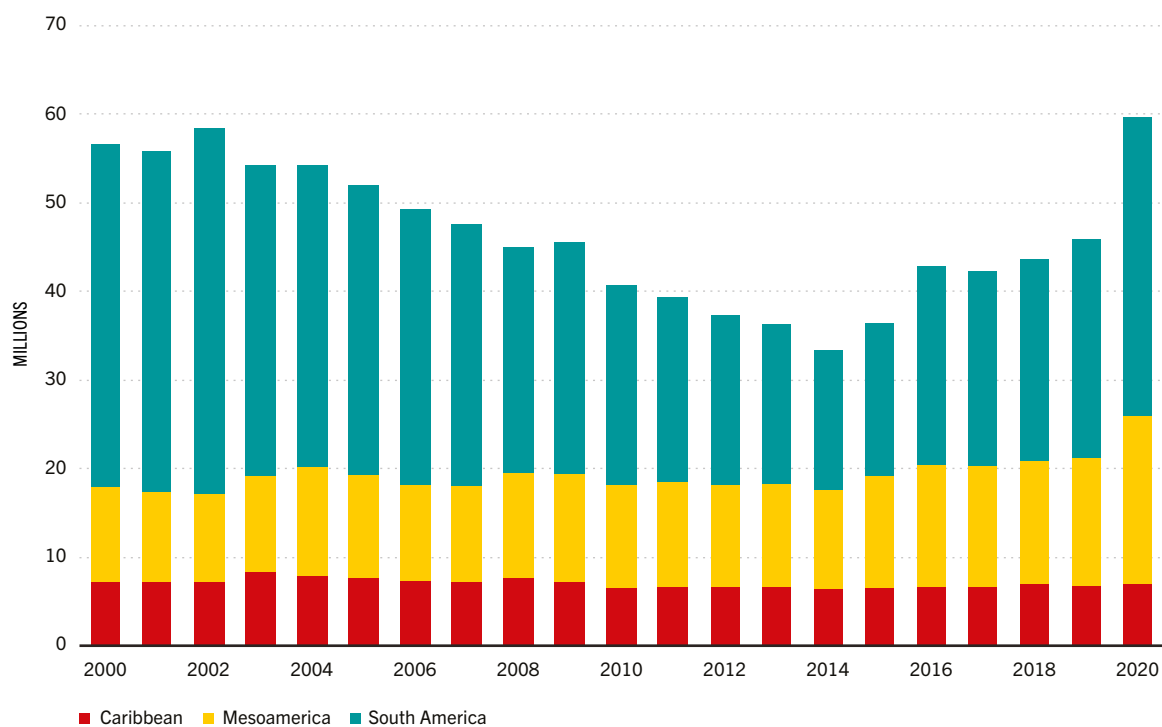
In the Caribbean during 2020, 7 million people were undernourished, representing 12 percent of the undernourished population of the region. Between 2014 and 2020, the Caribbean showed a 9 percent rise in the number of people living with hunger, increasing from 6.4 million to 7 million. The increase over the last year was 300 000 people.

The worsening food security situation is reflected in the prevalence of undernourishment data as well as the prevalence of moderate or severe food security presented in **FIGURE 5**.

³ In 2020, because of uncertainty regarding the magnitude of the effect of the COVID-19 pandemic, ranges of undernourishment were calculated. In LAC the range of the number of people is between 53.8 and 66.1 million. The text refers to the intermediate value.

FIGURE 4

Number of people undernourished in Latin America and the Caribbean by subregion



SOURCE: FAO.

NOTE: Values for 2020 are projections.

<https://doi.org/10.4060/cb7497en-fig04>
TABLE 2

Number of people undernourished (millions)

	2000	2010	2014	2015	2019	2020
World	800.3	636.8	606.9	615.1	650.3	768.0
Latin America and the Caribbean	56.5	40.7	33.2	36.4	45.9	59.7
Caribbean	7.2	6.5	6.4	6.5	6.8	7.0
Mesoamerica	10.8	11.7	11.2	12.7	14.4	19.0
South America	38.6	22.5	15.7	17.2	24.7	33.7

SOURCE: FAO.

NOTE: Values for 2020 are projections.

1.2 PREVALENCE OF FOOD INSECURITY BASED ON THE FOOD INSECURITY EXPERIENCE SCALE

The Food Insecurity Experience Scale- (FIES) based prevalence of moderate or severe food insecurity is an estimate of the proportion of the population who face moderate or severe constraints on their ability to obtain sufficient food over the course of a year. Moderate food insecurity describes the situation when individuals face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. Severe food insecurity refers to situations when individuals have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating, putting their health and well-being at serious risk.

In Latin America and the Caribbean during 2020, moderate or severe food insecurity affected 40.9 percent of the population, well above the prevalence recorded at the world level (30.4 percent). Between 2014 and 2020, moderate or severe food insecurity rose by 16 percentage points. More than half of that increase occurred in the last year alone, in the context of the COVID-19 pandemic, as prevalence rose from 31.9 percent to 40.9 percent, representing an increase of 9 percentage points, the most pronounced in relation to other regions of the world.

In South America in 2020, the prevalence of moderate or severe food insecurity was 39.2 percent. Between 2014 and 2020 there was a significant increase of 20.1 percentage points, rising from 18.7 percent to 39.2 percent in six years, thus doubling the prevalence of people in this situation. The variation between 2019 and 2020 was 9.1 percentage points

In Mesoamerica, moderate or severe food insecurity in 2020 was 37.5 percent. This prevalence had not shown significant variation until 2019. However, after a year of the COVID-19 pandemic, the prevalence rose by 9.3 percentage points. Meanwhile in the Caribbean, the prevalence of moderate or severe food insecurity was 71.3 percent in 2020.⁴

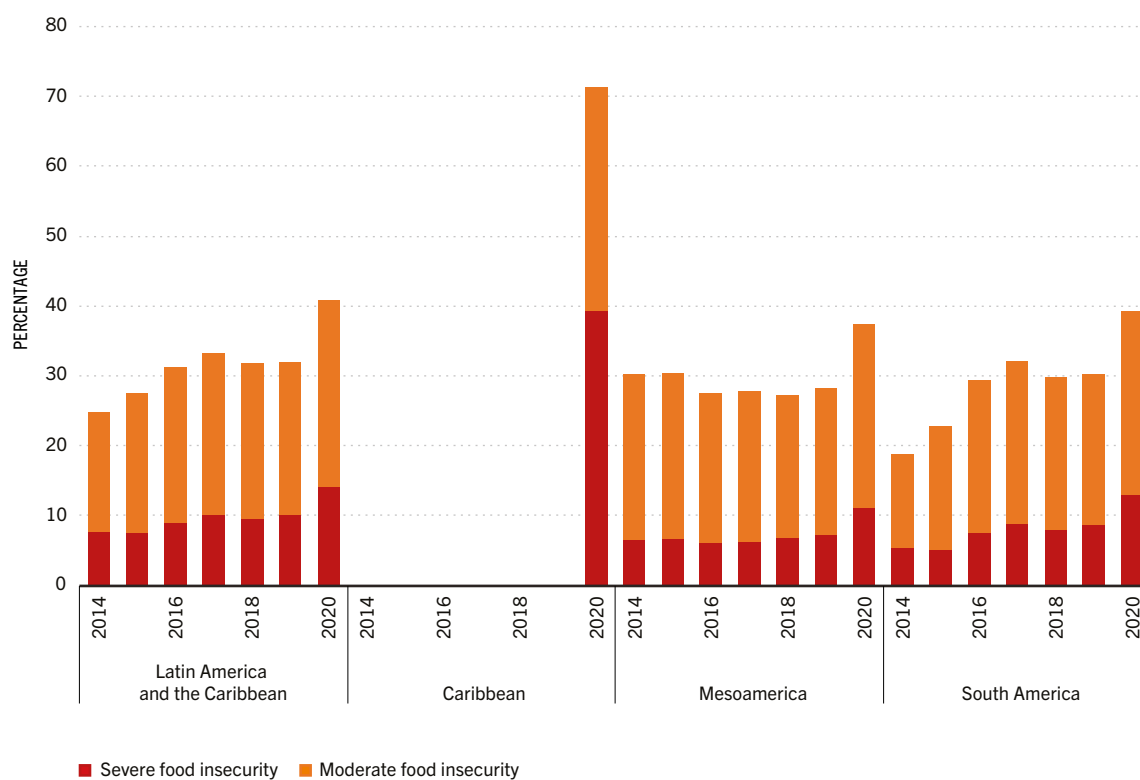
In relation to severe food insecurity, the prevalence in Latin America and the Caribbean during 2020 reached 14.2 percent. This represents a considerable increase since 2014 when only 7.7 percent of the population was affected. The greatest increase (4.1 percentage points) was recorded between 2019 and 2020 in the context of the COVID-19 pandemic.

In South America, severe food insecurity was 12.9 percent in 2020, 7.5 percentage points higher than in 2014, which is an increase of 139 percent in six years. In the last year alone (between 2019 and 2020), the increase in the subregion was 4.3 percentage points. In Mesoamerica, the prevalence in 2020 was 11.2 percent, an increase of 3.9 percentage points from 2019. In the Caribbean, the prevalence of severe food insecurity was 39.2 percent.

⁴ In this report the subregion of the Caribbean includes Antigua and Barbuda, the Bahamas, Barbados, Cuba, Dominica, the Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago. However, the countries included in the calculation of food insecurity in the Caribbean are the Dominican Republic, Grenada, Haiti, Saint Lucia, Jamaica, and Saint Vincent and the Grenadines, which together represent 58.8 percent of the subregional population.

FIGURE 5

Prevalence of food insecurity in Latin America and the Caribbean by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7497en-fig05>

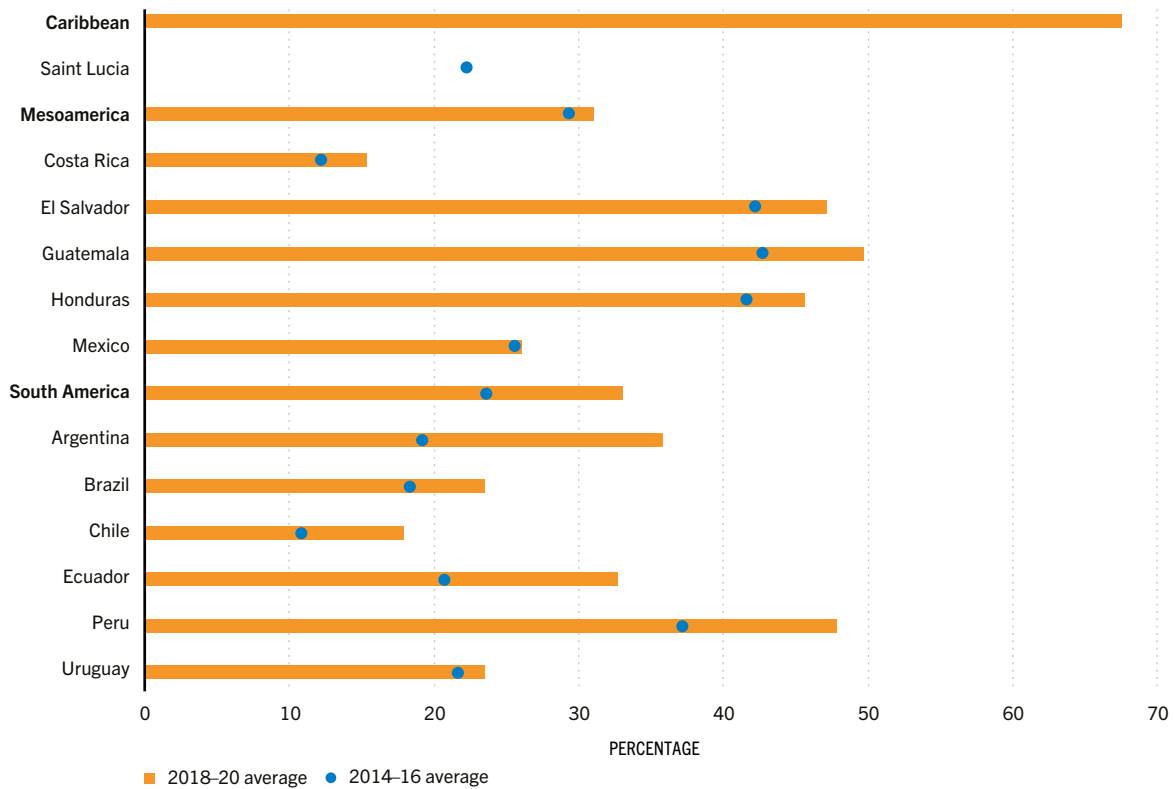
TABLE 3

Prevalence of food insecurity (percent)

	Moderate food insecurity			Severe food insecurity			Moderate or severe food insecurity		
	2014	2019	2020	2014	2019	2020	2014	2019	2020
World	14.3	16.5	18.5	8.3	10.1	11.9	22.6	26.6	30.4
Latin America and the Caribbean	17.2	21.8	26.7	7.7	10.1	14.2	24.9	31.9	40.9
Caribbean			32.1			39.2			71.3
Mesoamerica	23.7	20.9	26.3	6.5	7.3	11.2	30.2	28.2	37.5
South America	13.3	21.5	26.3	5.4	8.6	12.9	18.7	30.1	39.2

SOURCE: FAO.

FIGURE 6
Prevalence of moderate or severe food insecurity
in Latin America and the Caribbean by country



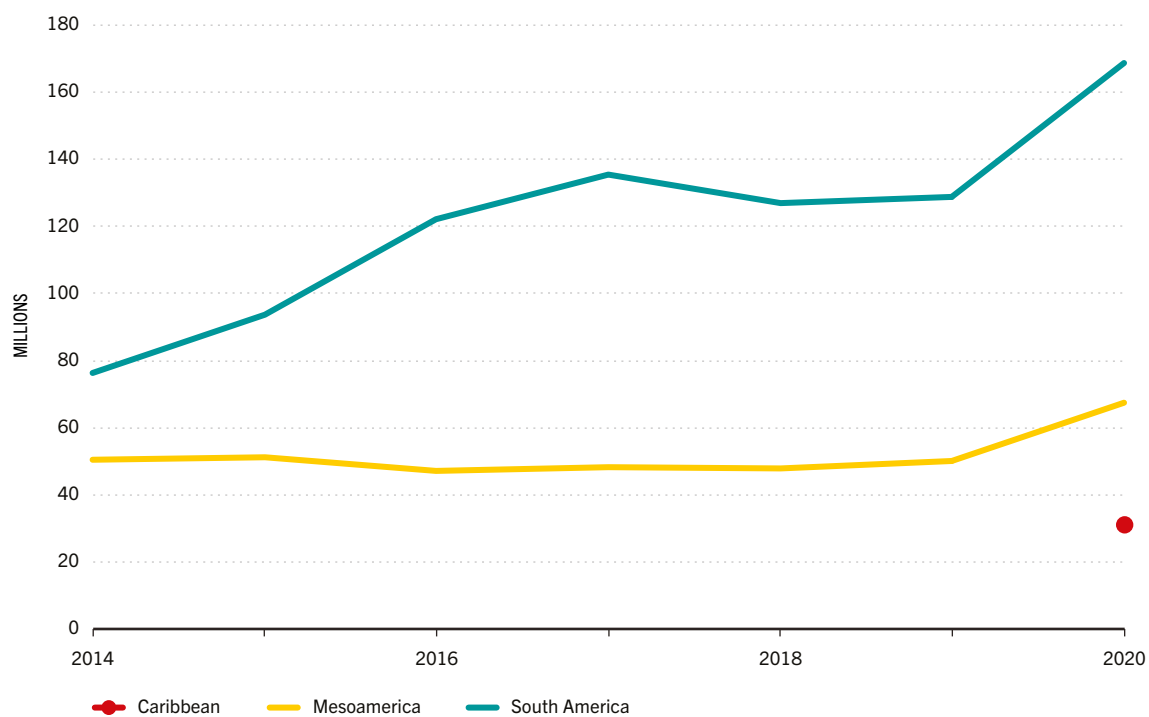
SOURCE: FAO.
<https://doi.org/10.4060/cb7497en-fig06>

In most of the countries of Mesoamerica, more than 40 percent of the population is affected by moderate or severe food insecurity. In Guatemala, the prevalence is 49.7 percent, in El Salvador it is 47.1 percent and in Honduras it is 45.6 percent. In South America, moderate to severe food insecurity affects 47.8 percent of the population in Peru, 35.8 percent in Argentina and 32.7 percent in Ecuador.

Between the periods 2014–16 and 2018–20, all the countries that could provide data showed an increase in their prevalence of moderate and or severe food insecurity. Specifically, in Argentina it increased by 16.6 percentage points, in Ecuador it increased by 12 percentage points, and in Peru it increased by 10.6 percentage points. Chile and Guatemala showed an increase of 7 percentage points as well as in El Salvador and Brazil where it increased by close to 5 percentage points in both countries.

FIGURE 7

Number of moderately or severely food insecure people in Latin America and the Caribbean by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7497en-fig07>

TABLE 4

Number of moderately or severely food insecure people (millions)

	2014	2016	2018	2019	2020
World	1 645.5	1 762.9	1 978.7	2 049.9	2 368.2
Latin America and the Caribbean	153.8	197.0	203.3	207.0	267.2
Caribbean					31.0
Mesoamerica	50.3	47.0	47.9	50.0	67.4
South America	76.2	122.2	126.8	128.8	168.7

SOURCE: FAO.

Between the periods 2017–2019 and 2018–2020, in the context of the COVID-19 pandemic, El Salvador, Guatemala and Honduras showed the biggest increases in the prevalence of moderate or severe food insecurity. All three countries showed a rise of more than 4 percentage points. Ecuador increased by 3.9 percentage points and Mexico increased by 3.5 percentage points, while in Brazil and Peru the prevalence increased by 2.9 percentage points in each country.

In 2020, moderate or severe food insecurity affected an estimated 267 million people in Latin America and the Caribbean, 60.2 million people more than in 2019. This could be explained partly by the effects of the COVID-19 pandemic. Between 2014 and 2020, the number of people experiencing moderate or severe food insecurity increased by 74 percent, rising from 153.8 million to 267.2 million in six years.

In South America in 2020, there were 168.7 million people affected by moderate or severe food insecurity. Between 2014 and 2020, there was a 121 percent increase in the number of people experiencing moderate or severe food insecurity, which is an increase of 92 million people in six years. The increase in the last year alone was 40 million people.

In Mesoamerica in 2020, 67.4 million people experienced moderate or severe food insecurity. This represents an increase of 17.4 million people with respect to 2019.

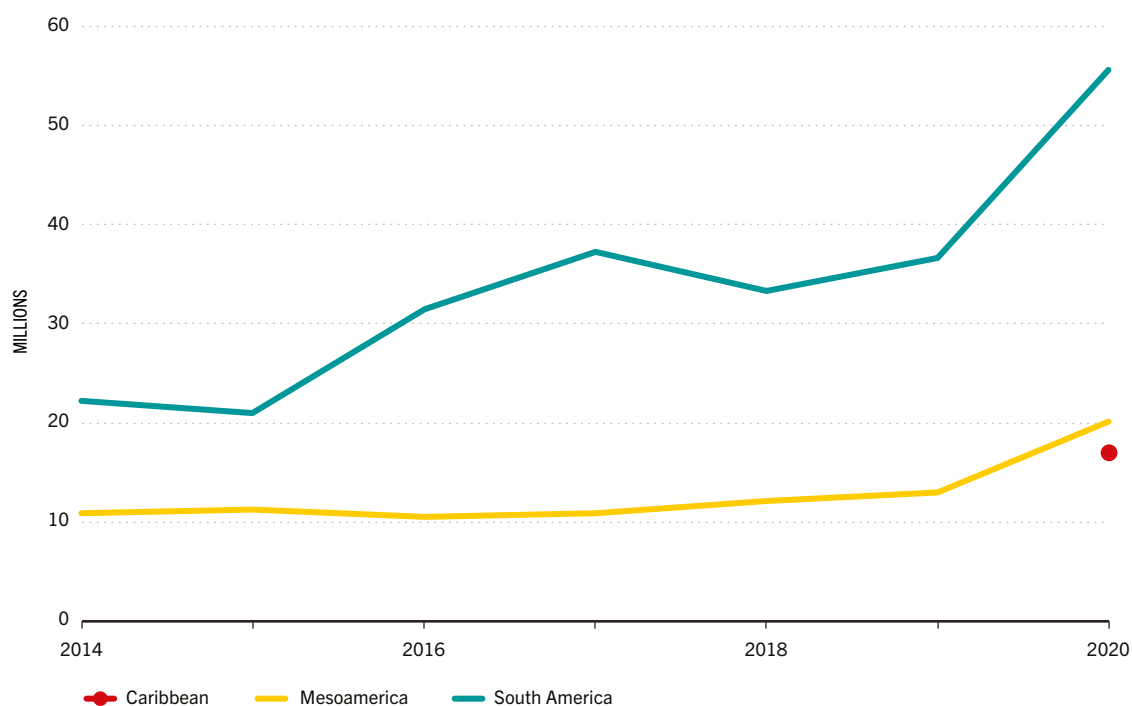
During 2020, severe food insecurity affected 92.8 million people in Latin America and the Caribbean, which is 27.5 million people more than were affected in 2019, partly due to the COVID-19 pandemic. Between 2014 and 2020, the number of people experiencing severe food insecurity almost doubled, rising from 47.6 million to 92.8 million in six years.

In South America in 2020, 55.6 million people experienced severe food insecurity. Between 2014 and 2020 in the subregion, there was a 150 percent increase in the number of people experiencing severe food insecurity. This is 33.2 million more people in six years. In the last year alone, the increase was 18.9 million people.

In Mesoamerica in 2020, 20.2 million people experienced severe food insecurity, an increase of 7.2 million people from 2019.

FIGURE 8

Number of severely food insecure people in Latin America and the Caribbean by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7497en-fig08>

TABLE 5

Number of severely food insecure people (millions)

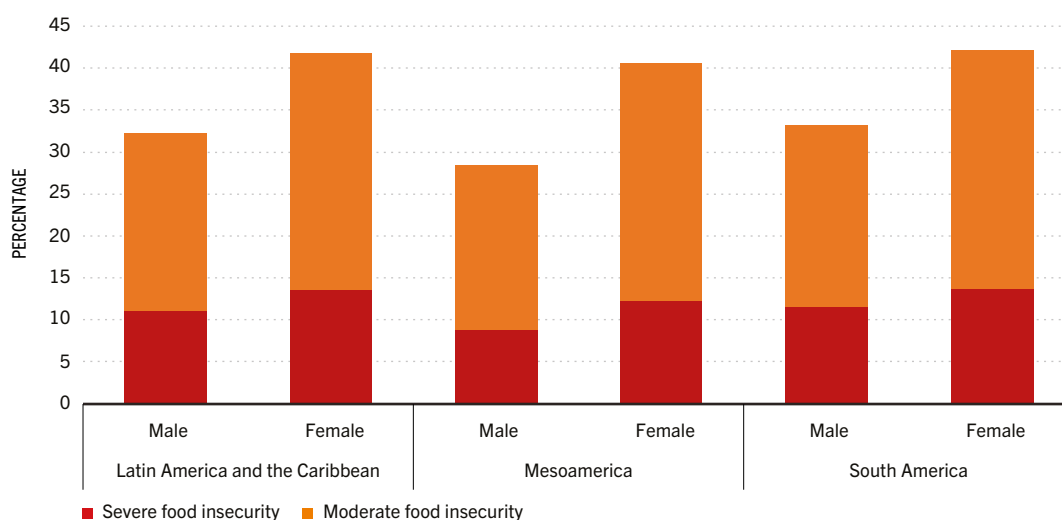
	2014	2016	2018	2019	2020
World	604.5	620.2	731.3	779.9	927.6
Latin America and the Caribbean	47.6	56.6	61.7	65.3	92.8
Caribbean					17.0
Mesoamerica	10.9	10.5	12.1	13.0	20.2
South America	22.2	31.5	33.3	36.7	55.6

SOURCE: FAO.

The experience of food insecurity did not affect men and women equally. During 2020, 41.8 percent of women in Latin America and the Caribbean experienced moderate or severe food security compared with 32.2 percent of men. Across the subregions, the difference is slightly more pronounced in Mesoamerica and less so in South America.

This disparity has been rising dramatically since sex-disaggregated statistics have been available, and it increased sharply from 2019 to 2020, likely exacerbated by the COVID-19 pandemic. For example, the disparity in the prevalence of moderate or severe food insecurity between men and women in the region was 4.1 percent during 2014, compared to 6.4 percent during 2019, before jumping to 9.6 percent during 2020.

FIGURE 9
Prevalence of moderate or severe food insecurity by sex, 2020



SOURCE: FAO.
<https://doi.org/10.4060/cb7497en-fig09>

CHAPTER 2

SUSTAINABLE DEVELOPMENT GOAL 2.2: MALNUTRITION

Key messages

- Latin America and the Caribbean has shown important progress in reducing stunting, having reduced its prevalence from 18 percent to 11.3 percent in 20 years. However, in the period between 2012 and 2020, the rate of decrease slowed down, delaying the achievement of the SDG 2 target to reduce stunting by 50 percent by 2030. Mesoamerica has the highest prevalence of stunting (16.6 percent), followed by the Caribbean with 11.8 percent and South America with 8.6 percent.
- In Latin America and the Caribbean, the rate of wasting is 1.3 percent, significantly lower than the world average of 6.7 percent.
- In Latin America and the Caribbean overweight in children under five years has been increasing over the last 20 years and in 2020 the prevalence was 7.5 percent, 2 percentage points above the world average. South America shows the highest prevalence with 8.2 percent, followed by the Caribbean with 6.6 percent, and Mesoamerica with 6.3 percent. If these trends continue, the region and its subregions will not achieve the SDG 2 target of keeping overweight in children under five years below 3 percent by 2030.
- In 2019, anaemia in women of reproductive age in the region was 17.2 percent. Although it is well below the world average, the region has not made progress in reducing this indicator in recent years, undermining the SDG target of reducing this prevalence by 50 percent by 2030. In the Caribbean the prevalence is 29.1 percent, in South America it is 17.3 percent and in Mesoamerica it is 14.6 percent.

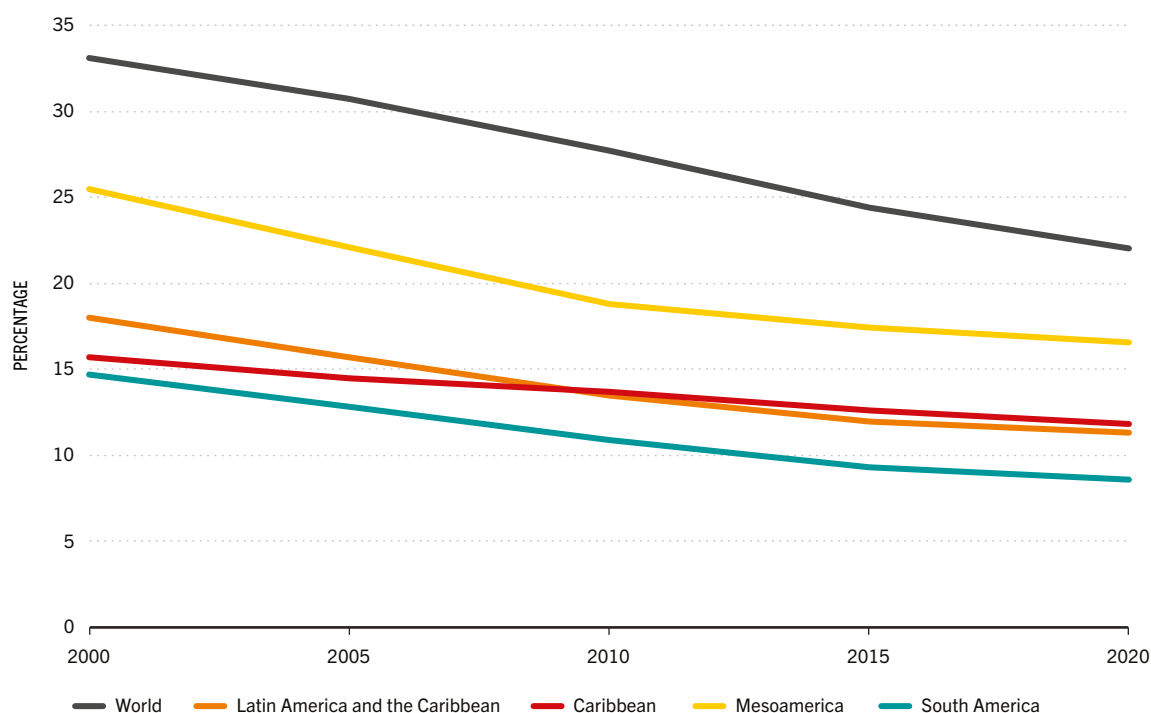
This section reports on four global nutrition indicators: stunting, wasting and overweight in children under the age of five and anaemia in women of reproductive age.

■ 2.1 STUNTING AMONG CHILDREN UNDER FIVE

In Latin America and the Caribbean in 2020, the prevalence of stunting in children under five years was 11.3 percent, well below the world average of 22 percent. Stunting refers to low height relative to age and reflects the effects of chronic malnutrition on child growth, with negative consequences for health and development.

FIGURE 10

Prevalence of stunting among children under five in Latin America and the Caribbean by subregion



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig10>

Over the last 20 years, significant progress has been made in the region with a 37 percent reduction (-6.7 percentage points) in the prevalence of stunting in children under five years. Likewise, each subregion has made progress in reducing this form of malnutrition. Between 2000 and 2020, South America managed to reduce stunting by 41 percent (-6.1 percentage points), Mesoamerica by 35 percent (-8.9 percentage points) and the Caribbean by 25 percent (3.9 percentage points). In 2020, they were 8.6 percent, 16.6 percent and 11.8 percent respectively.

Mesoamerica is the subregion with the greatest prevalence of stunting (16.6 percent) and, as can be observed in [FIGURE 9](#), its reduction over the last 10 years has been slower. Specifically, between 2012 (the base year for the achievement of the SDGs) and 2020, the reduction in stunting in Mesoamerica has been just 7.8 percent, while the Caribbean has achieved a reduction of 11.9 percent and South America 18.6 percent. At the regional level, between 2012 and 2020, the reduction in the prevalence of stunting has been 13.3 percent.

TABLE 6

Prevalence of stunting among children under five (percent)

	2000	2005	2010	2015	2020
World	33.1	30.7	27.7	24.4	22.0
Latin America and the Caribbean	18.0	15.7	13.5	12.0	11.3
Caribbean	15.7	14.5	13.7	12.6	11.8
Mesoamerica	25.5	22.1	18.8	17.4	16.6
South America	14.7	12.8	10.9	9.3	8.6

SOURCE: UNICEF, WHO and World Bank.

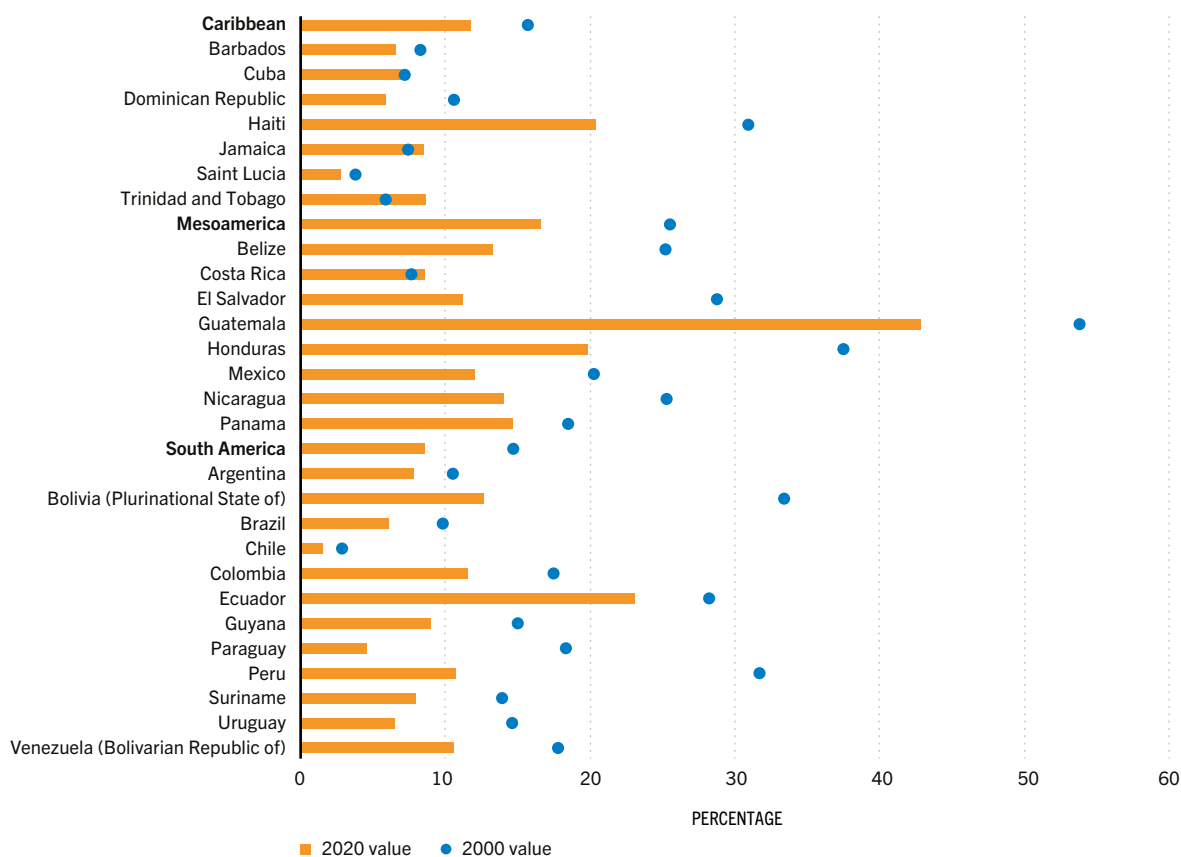
This means that despite the progress made, Latin America and the Caribbean and its subregions are not on track to achieve the SDG target 2.2 in relation to reducing stunting in children under five years by 50 percent by 2030.

With respect to estimations of stunting in children under five years, in 2020 the highest prevalence of stunting in the region was seen in Guatemala (42.8 percent), Ecuador (23.1 percent), Haiti (20.4 percent) and Honduras (19.9 percent). By contrast, Chile, Paraguay and Saint Lucia showed the lowest prevalence, all below 5 percent.

The countries that have tended to increase their prevalence of stunting between 2000 and 2020 are Trinidad and Tobago (+47 percent), Costa Rica (+15 percent) and Jamaica (+12 percent). Despite these increases, these three countries each have a prevalence below 9 percent. In the same period, Paraguay, Peru, the Plurinational State of Bolivia, El Salvador and Uruguay all showed reductions greater than 50 percent.

Among those countries that have tended to reduce the prevalence of stunting between 2012 and 2020, Guyana has achieved a reduction of 30 percent, and Panama, Paraguay, Peru, the Plurinational State of Bolivia and the Dominican Republic have all seen reductions of more than 20 percent.

FIGURE 11
Prevalence of stunting among children under five in Latin America and the Caribbean by country



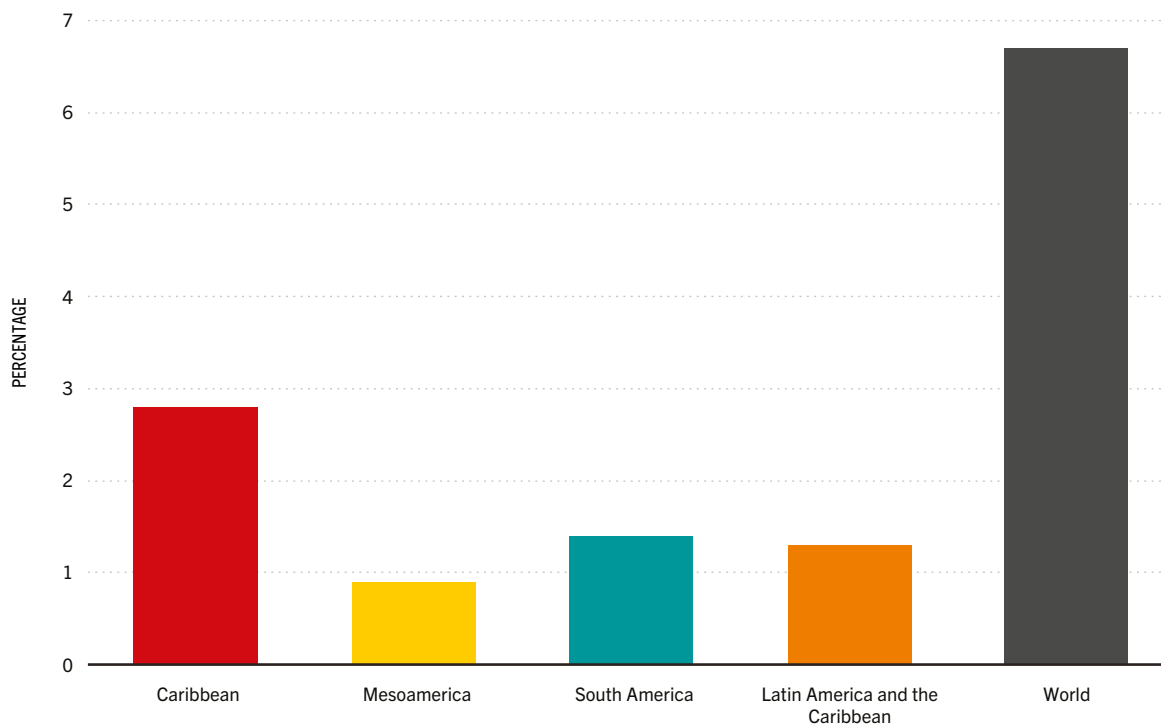
SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig11>

2.2 WASTING AMONG CHILDREN UNDER FIVE

In Latin America and the Caribbean, the prevalence of wasting is 1.3 percent, significantly lower than the world average of 6.7 percent. Wasting is low weight for height and is one of the most critical forms of malnutrition in early childhood, associated with higher morbimortality. Of the subregions, the Caribbean has a slightly higher rate of 2.8 percent, while in South America it is 1.4 percent and in Mesoamerica it is lower than 1 percent. If these levels are maintained, the region and its subregions will be on track to reach the SDG target of maintaining wasting below 3 percent.

FIGURE 12

Prevalence of wasting among children under five in Latin America and the Caribbean by subregion (latest year available)



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig12>

TABLE 7

Prevalence of wasting among children under five (percent)

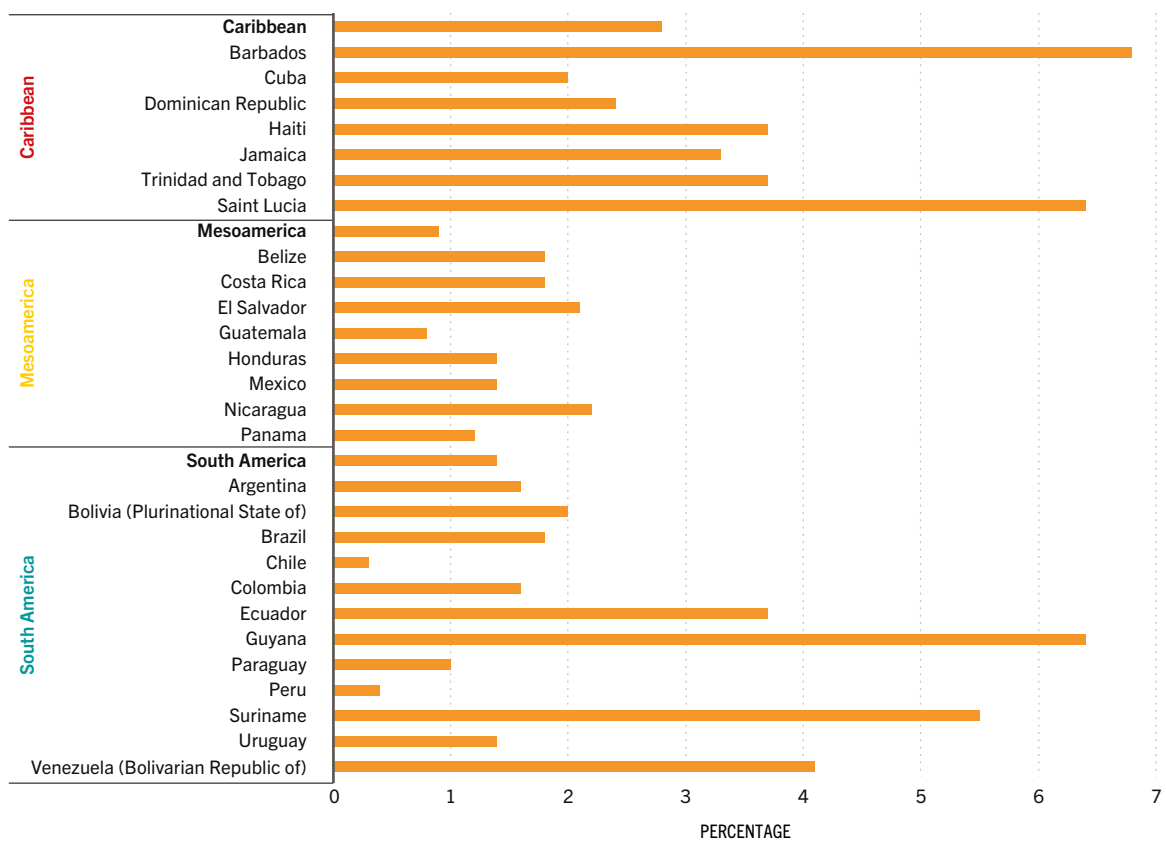
	World	Latin America and the Caribbean	Caribbean	Mesoamerica	South America
2020	6.7	1.3	2.8	0.9	1.4

SOURCE: UNICEF, WHO and World Bank.

The countries that have wasting levels above 3 percent are Barbados with 6.8 percent, Trinidad and Tobago with 6.4 percent, Guyana with 6.4 percent, Suriname with 5.5 percent, Venezuela (Bolivarian Republic of) 4.1 percent and Ecuador 3.7 percent.

FIGURE 13

Prevalence of wasting among children under five in Latin America and the Caribbean by country (latest year available)



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig13>

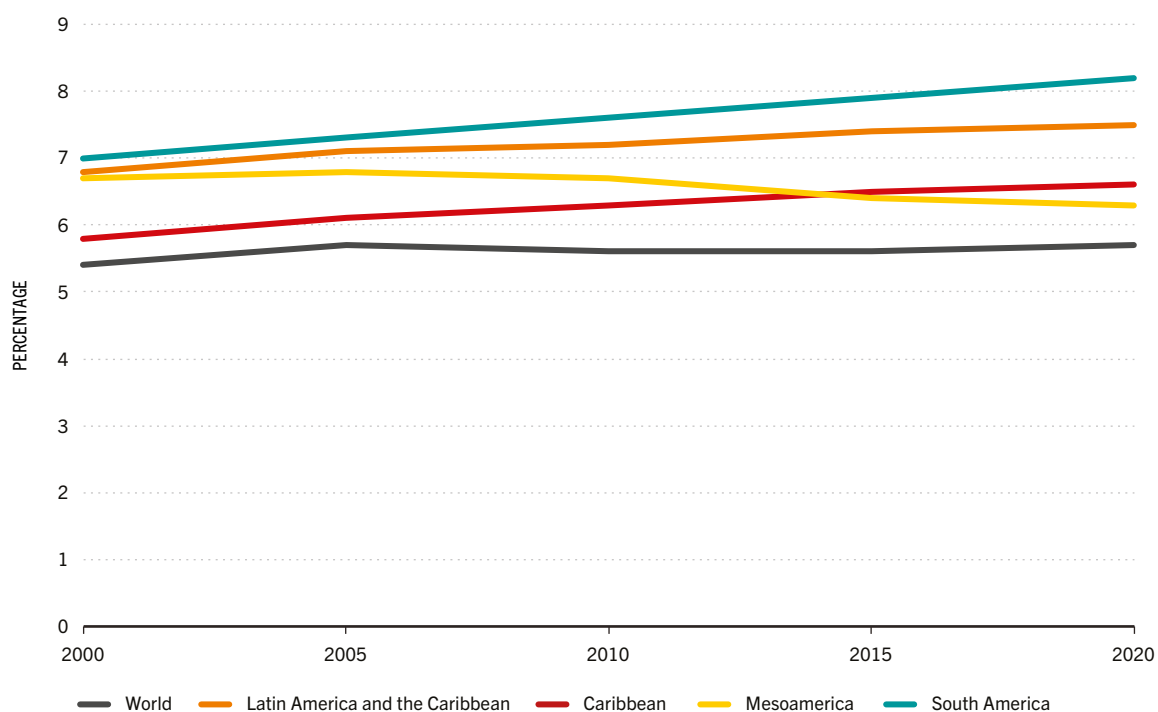
2.3 OVERWEIGHT AMONG CHILDREN UNDER FIVE

In Latin America and the Caribbean, 7.5 percent of children under five years were overweight in 2020. This prevalence in the region is 2 percentage points above the world average and has been increasing over the last 20 years.

Of the subregions, South America has the greatest prevalence of overweight with 8.2 percent, followed by the Caribbean with 6.6 percent and Mesoamerica with 6.3 percent. In South America and the Caribbean, overweight in children under five years has risen in the last 20 years, while in Mesoamerica it has been decreasing since 2010. If this trend continues, Latin America and the Caribbean and each of its subregions would not be on track to achieve SDG 2 of maintaining overweight in children under five years below 3 percent in 2030.

FIGURE 14

Prevalence of overweight among children under five in Latin America and the Caribbean by subregion



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig14>

TABLE 8

Prevalence of overweight among children under five (percent)

	2000	2005	2010	2015	2020
World	5.4	5.7	5.6	5.6	5.7
Latin America and the Caribbean	6.8	7.1	7.2	7.4	7.5
Caribbean	5.8	6.1	6.3	6.5	6.6
Mesoamerica	6.7	6.8	6.7	6.4	6.3
South America	7.0	7.3	7.6	7.9	8.2

SOURCE: UNICEF, WHO and World Bank.

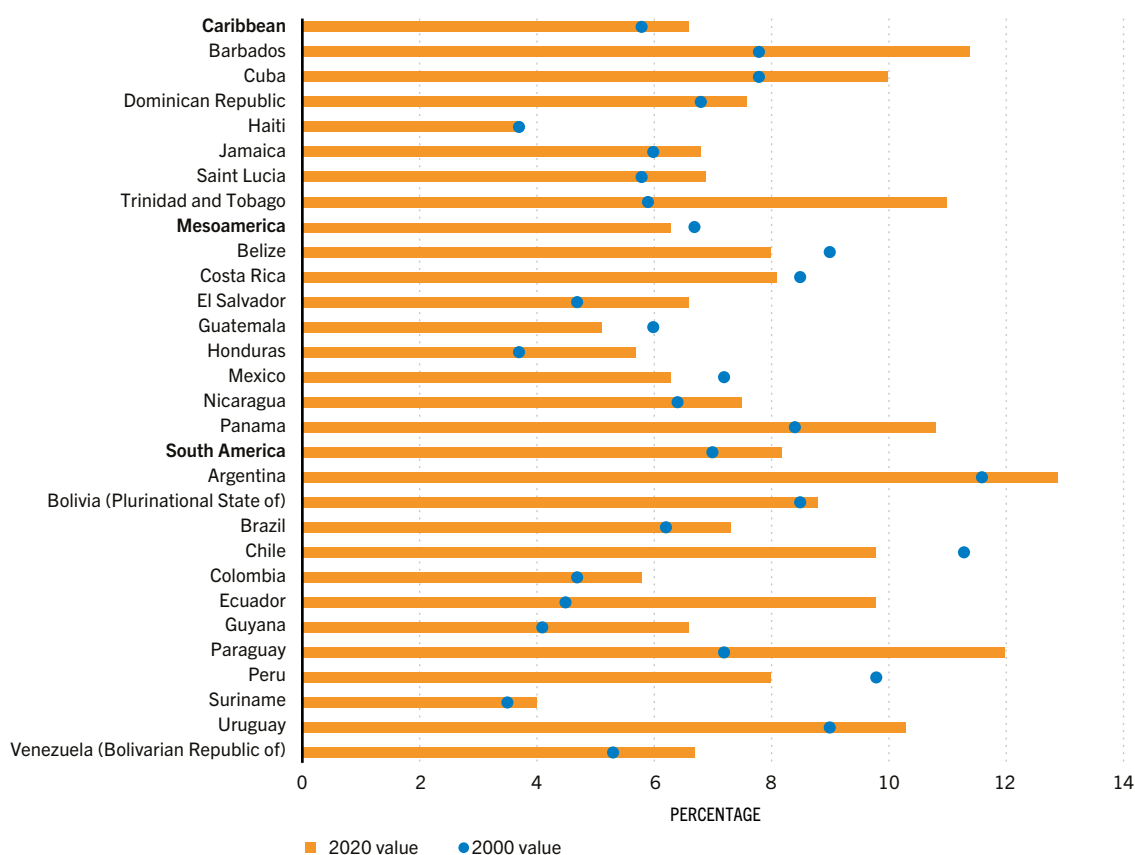
According to estimates of overweight in children under five years in the region's countries in 2020, Argentina, Barbados, Cuba, Panama, Trinidad and Tobago and Uruguay have the highest prevalence in the region, all being over 10 percent. In contrast, the lowest rates of overweight in children under five years are recorded in Haiti (3.7 percent), Suriname (4 percent) and Guatemala (5.1 percent).

In most of the region's countries, overweight in children under five years has tended to increase. Between 2000 and 2020 the countries with the largest increases in prevalence were Ecuador (5.3 percentage points), Trinidad and Tobago (5.1 percentage points), Paraguay (4.8 percentage points) and Barbados (3.6 percentage points). Cuba, Guyana, Panama and Honduras all saw increases above 2 percentage points in the same period.

Within the region, only six countries have reduced the prevalence of overweight in children under five years between 2000 and 2020: Belize, Chile, Costa Rica, Guatemala, Mexico and Peru.

FIGURE 15

Prevalence of overweight among children under five in Latin America and the Caribbean by country



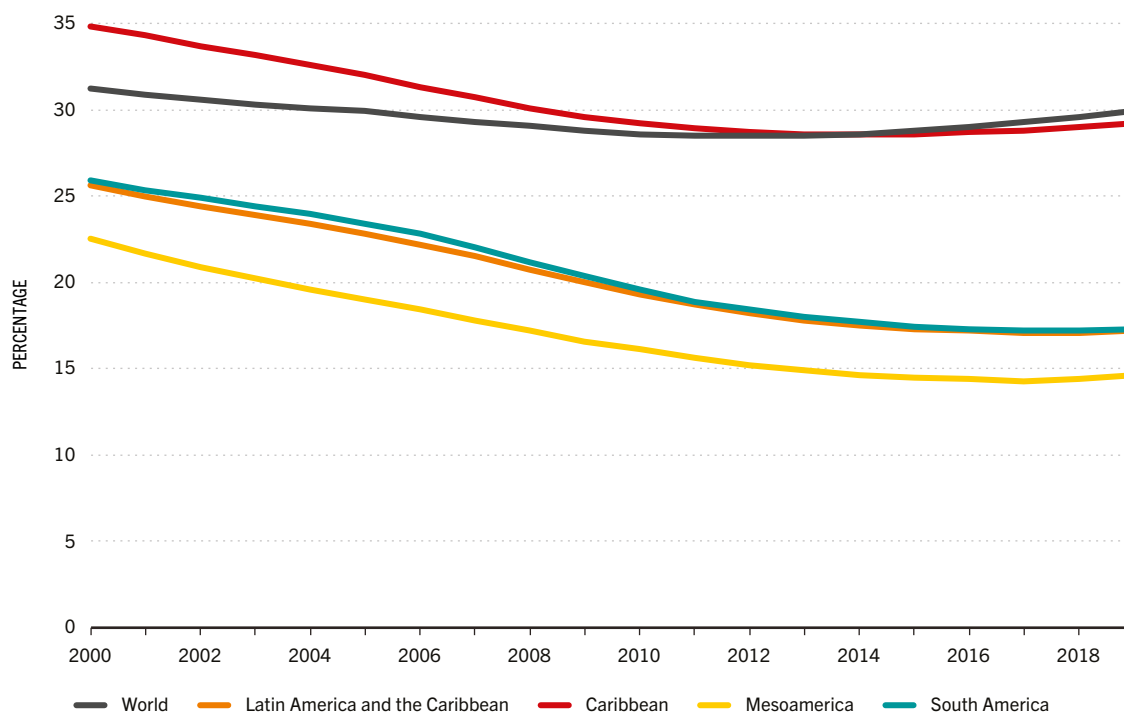
SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7497en-fig15>

2.4 ANAEMIA AMONG WOMEN OF REPRODUCTIVE AGE

In 2019, anaemia in women of reproductive age in Latin America and the Caribbean was 17.2 percent, a level significantly below the world average of 30 percent. Anaemia refers to low levels of haemoglobin in the blood, which seriously affects health. Since 2000, this indicator has tended to decrease in the region. However, in the last few years this reduction has stagnated, showing little progress between 2012 and 2019, distancing the region and its subregions from achieving the SDG indicator 2.2.3 of reducing the prevalence by 50 percent. In South America anaemia affects 17.3 percent of women of reproductive age, in Mesoamerica it affects 14.6 percent and in the Caribbean it is 29.2 percent, which is very close to the world average.

FIGURE 16

Prevalence of anaemia among women of reproductive age (15–49 years) in Latin America and the Caribbean by subregion



SOURCE: WHO.
<https://doi.org/10.4060/cb7497en-fig16>

TABLE 9

Prevalence of anaemia among women of reproductive age (15–49 years) (percent)

	2000	2005	2010	2015	2019
World	31.2	29.9	28.6	28.8	29.9
Latin America and the Caribbean	25.6	22.8	19.3	17.3	17.2
Caribbean	34.8	32.0	29.2	28.6	29.2
Mesoamerica	22.5	19.0	16.1	14.5	14.6
South America	25.9	23.4	19.6	17.4	17.3

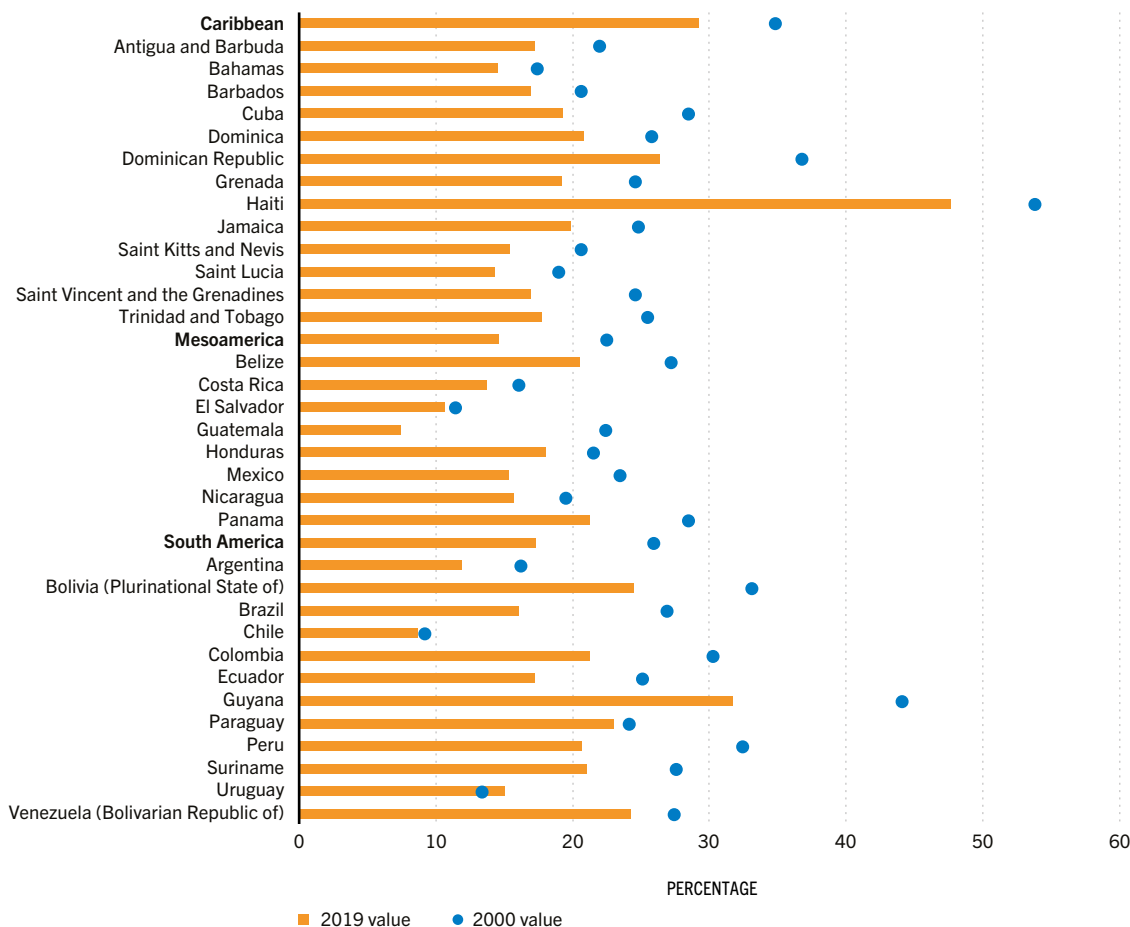
SOURCE: WHO.

Among the countries with the highest prevalence of anaemia in women of reproductive age, Haiti is the highest (47.7 percent), followed by Guyana (31.7 percent) and the Dominican Republic (26.4 percent). The countries with the lowest levels are Chile (8.7 percent) and Guatemala (7.4 percent).

In the region, all countries except Uruguay reduced the prevalence of anaemia in women of reproductive age between 2000 and 2019. Among these, the largest progress was achieved by Guatemala with a reduction of 67 percent. Brazil achieved a reduction of 40 percent and Columbia, Ecuador, Mexico, Peru, Saint Vincent and the Grenadines, and Trinidad and Tobago reduced the prevalence of anaemia by more than 30 percent.

FIGURE 17

Prevalence of anaemia among women of reproductive age (15–49 years) in Latin America and the Caribbean by country



SOURCE: WHO.
<https://doi.org/10.4060/cb7497en-fig17>

CHAPTER 3

ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS

Key messages

- In 2016, obesity affected almost a quarter (24.2 percent) of the region's adult population, well above the world average of 13.1 percent. Between 2000 and 2016, significant increases were seen in the three subregions, with the Caribbean increasing at the fastest rate and reaching a prevalence of 24.7 percent. In Mesoamerica the prevalence is 27.3 percent and in South America it is 23 percent.
- The regional rate of exclusive breastfeeding during the first six months of life is 33.4 percent and is well below the world average of 44 percent and the SDG target of 70 percent. It is important to note that Mesoamerica made important progress in this indicator between 2012 and 2019, raising the rate by 11.6 percentage points reaching 33.2 percent in 2016.
- In Latin America and the Caribbean in 2015, the prevalence of low birthweight was 8.7 percent and did not vary much between 2000 and 2015. Although this means that there has been no progress with respect to the World Health Assembly's (WHA) target of reducing low birthweight by 30 percent, it is important to point out that the regional average is well below the world average of 14.6 percent.

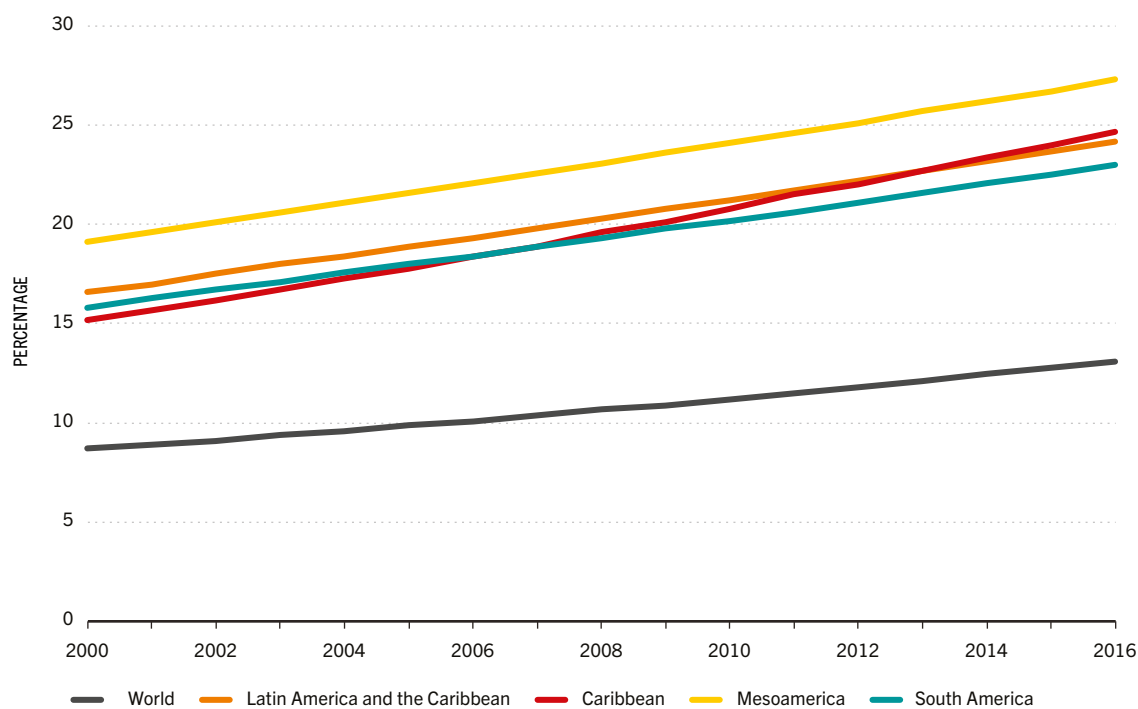
This section assesses progress towards three additional WHA endorsed global nutrition targets, i.e. exclusive breastfeeding, low birthweight, and adult obesity.

■ 3.1 ADULT OBESITY

In Latin America and the Caribbean, in 2016, obesity in adults (≥ 18 years old) affected 24.2 percent of the adult population and was well above the world average of 13.1 percent. Furthermore, in the region and its three subregions there were significant increases between 2000 and 2016. In the Caribbean there was an increase of 9.5 percentage points, while in Mesoamerica the increase was 8.2 percentage points and in South America it was 7.2 percentage points. Of the three subregions, Mesoamerica has the highest prevalence of obesity in adults, reaching 27.3 percent in 2016. In the Caribbean the figure was 24.7 percent and in South America obesity affected 23 percent of adults in 2016.

FIGURE 18

Prevalence of obesity among adults in Latin America and the Caribbean by subregion



SOURCE: WHO.
<https://doi.org/10.4060/cb7497en-fig18>

TABLE 10

Prevalence of obesity among adults (percent)

	2000	2005	2010	2014	2015	2016
World	8.7	9.9	11.2	12.5	12.8	13.1
Latin America and the Caribbean	16.6	18.9	21.2	23.2	23.7	24.2
Caribbean	15.2	17.8	20.8	23.4	24.0	24.7
Mesoamerica	19.1	21.6	24.1	26.2	26.7	27.3
South America	15.8	18.0	20.2	22.1	22.5	23.0

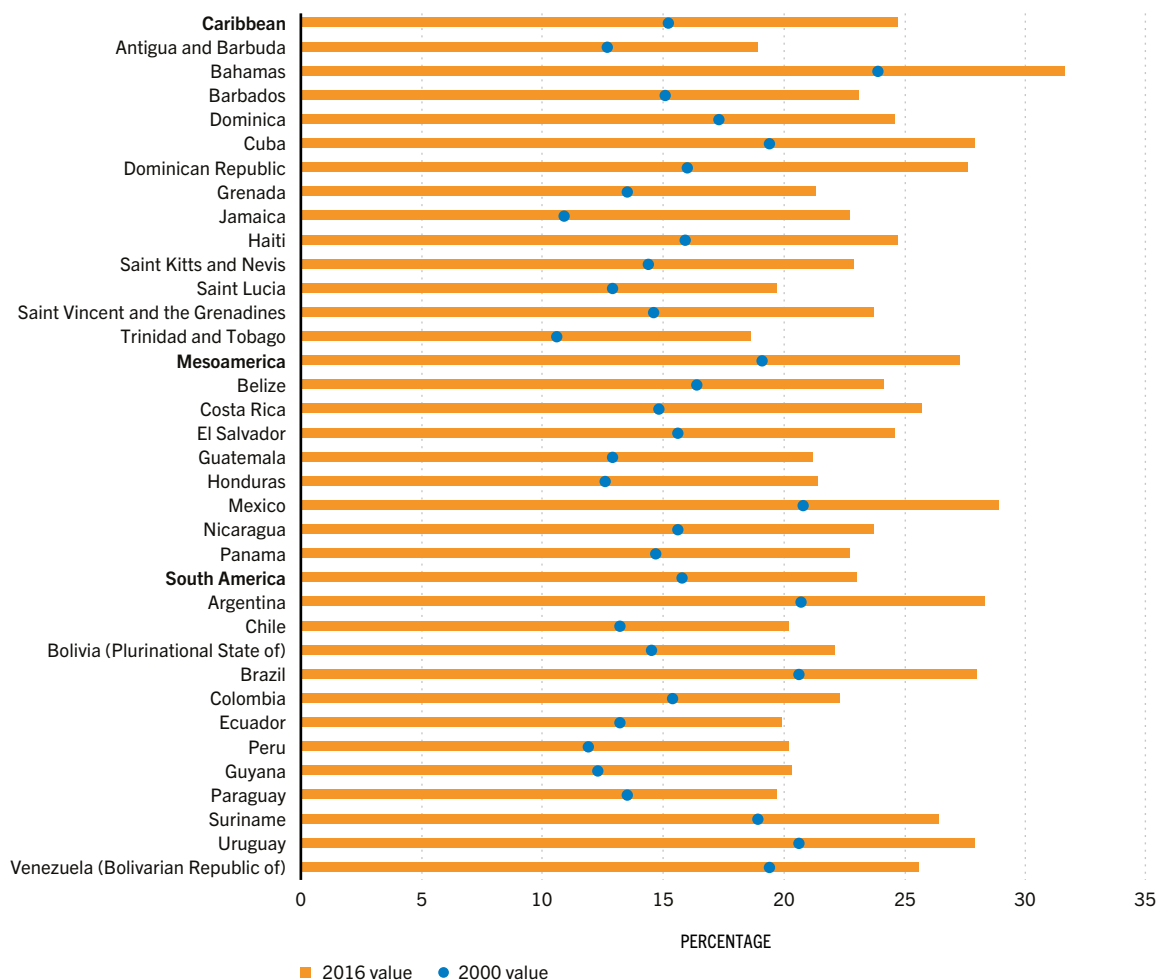
SOURCE: WHO.

Obesity in adults showed an increase between 2000 and 2016 in all the countries of the region. Costa Rica, the Dominican Republic and Haiti increased by more than 10 percentage points.

The Bahamas is among the countries with highest prevalence of obesity in adults in 2016 with a prevalence of more than 30 percent. While in Argentina, Chile, Costa Rica, Dominica, the Dominican Republic, Mexico, Suriname and Uruguay, obesity affected more than 25 percent of adults.

FIGURE 19

Prevalence of obesity among adults in Latin America and the Caribbean by country



SOURCE: WHO.
<https://doi.org/10.4060/cb7497en-fig19>

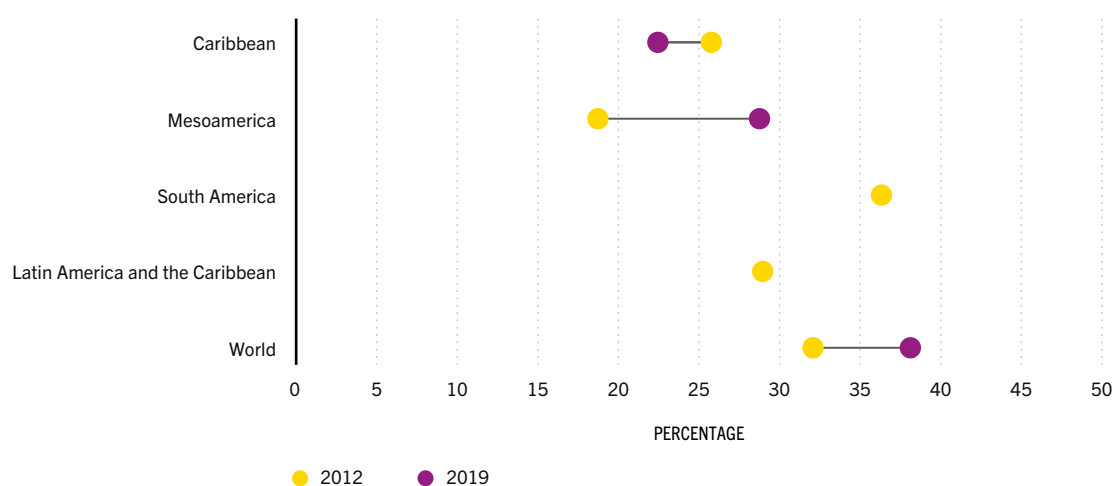
3.2 PREVALENCE OF EXCLUSIVE BREASTFEEDING DURING THE FIRST SIX MONTHS OF LIFE

According to the latest data available in 2012, in Latin America and the Caribbean, the rate of exclusive breastfeeding for six months was 33.4 percent. While in South America in the same year, the rate was 41.9 percent.

Estimates for 2019 are available only for the Caribbean and Mesoamerica subregions. Mesoamerica has made significant progress in improving exclusive breastfeeding for six months, which increased from 21.6 percent in 2012 to 33.2 percent in 2019. However,

FIGURE 20

Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by subregion



SOURCE: UNICEF.
<https://doi.org/10.4060/cb7497en-fig20>

TABLE 11

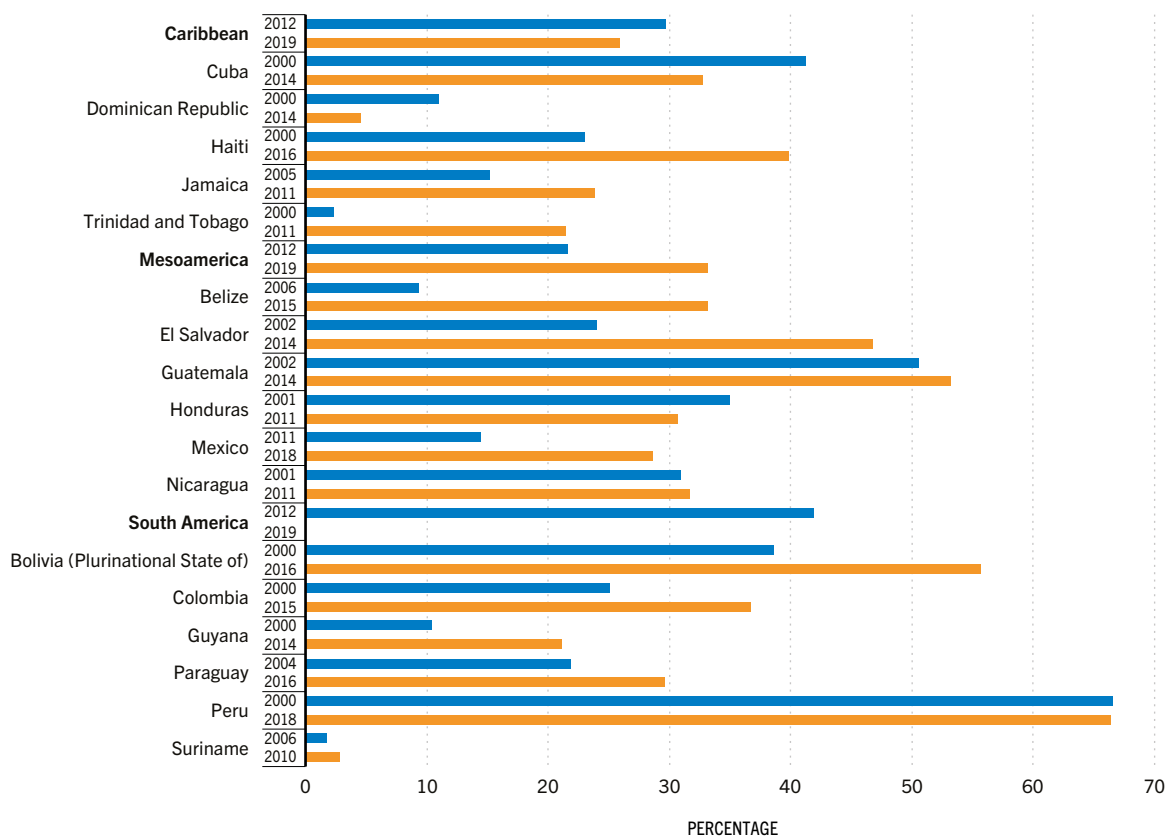
Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)

	2012	2019
World	37.0	44.0
Latin America and the Caribbean	33.4	
Caribbean	29.7	25.9
Mesoamerica	21.6	33.2
South America	41.9	

SOURCE: UNICEF.

FIGURE 21

Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by country



SOURCE: UNICEF.
<https://doi.org/10.4060/cb7497en-fig21>

it is still below the world average of 44 percent and the WHA and the SDG targets of achieving 50 percent and 70 percent exclusive breastfeeding for six months respectively.

In contrast, the Caribbean has seen a reduction in exclusive breastfeeding for six months, and in 2019 the rate was 25.3 percent, half the target established for 2025.

Of the region’s countries, Peru, the Plurinational State of Bolivia and Guatemala are the only countries with exclusive breastfeeding rates above 50 percent.

Among the 12 countries that showed an increase in the rate of exclusive breastfeeding, Belize showed the highest increase which was 24 percentage points (between 2006 and 2015), followed by El Salvador with an increase of 22.7 percentage points (between 2002 and 2014). Additionally, the Plurinational State of Bolivia (between 2000 and 2016), Haiti (between 2000 and 2016) and Trinidad and Tobago (between 2000 and 2012) all increased the rate of exclusive breastfeeding for six months by more than 15 percentage points.

3.3 PREVALENCE OF LOW BIRTHWEIGHT

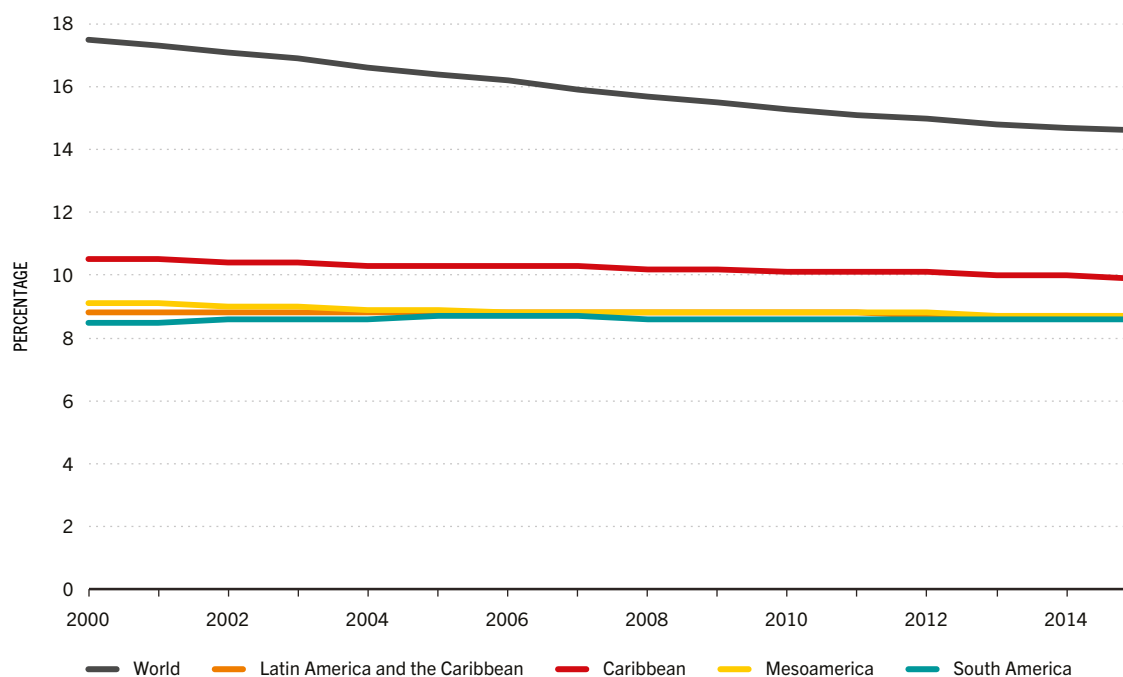
In Latin America and the Caribbean in 2015, the prevalence of low birthweight was 8.7 percent and did not vary much between 2000 and 2015. Although this means that there has been no progress with respect to the WHA target of reducing low birthweight by 30 percent, it is important to point out that the regional average is well below the world average of 14.6 percent. The Caribbean shows the highest prevalence of low birthweight in the region with a rate of 9.9 percent, followed by Mesoamerica with 8.7 percent and South America with 8.6 percent.

The countries with the highest prevalence of low birthweight in the region are Guyana (15.6 percent), Suriname (14.7 percent), Jamaica (14.6 percent), the Bahamas (13.1 percent) and Trinidad and Tobago (12.4 percent), while Chile and Cuba maintain rates below 7 percent.

Between 2000 and 2015, increases were recorded in the prevalence of low birthweight of 6 percent in Venezuela (Bolivarian Republic of), of 19 percent in Chile, of 8 percent

FIGURE 22

Prevalence of low birthweight in Latin America and the Caribbean by subregion



SOURCE: UNICEF and WHO.
<https://doi.org/10.4060/cb7497en-fig22>

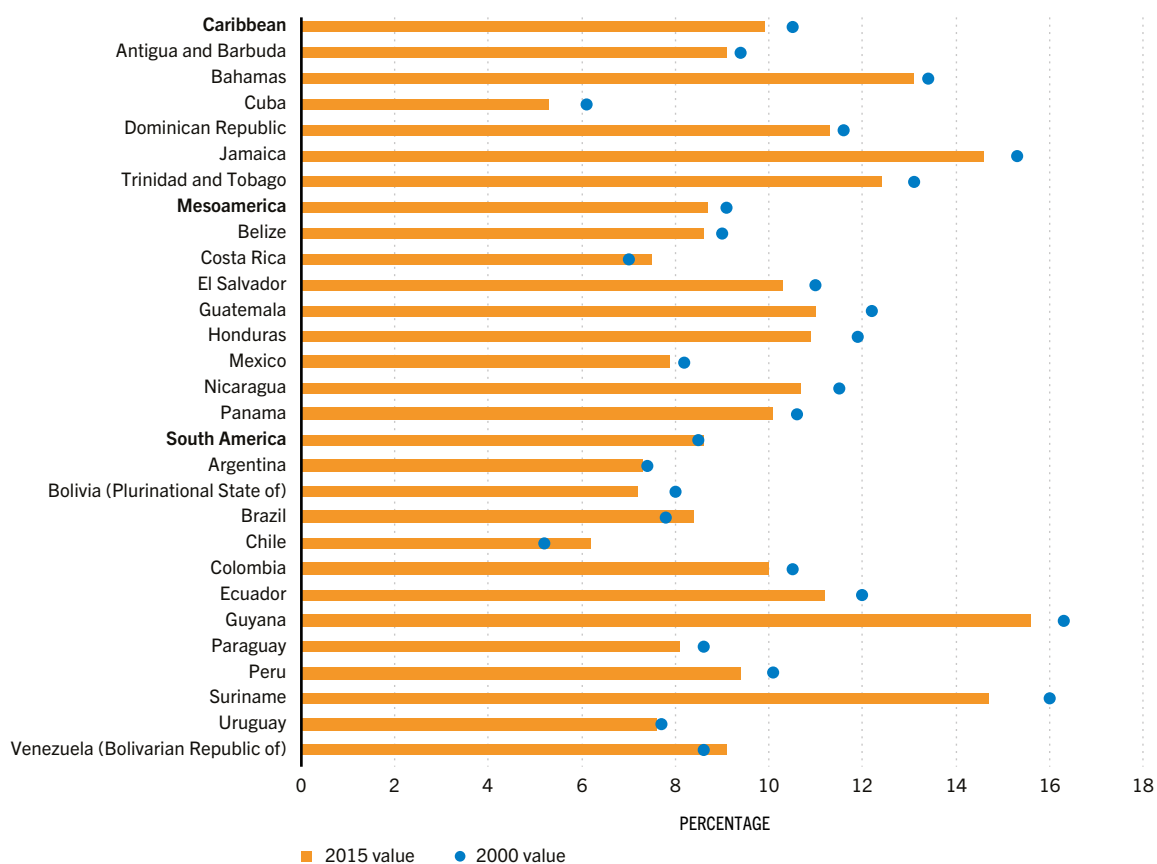
in Brazil and of 7 percent in Costa Rica. Those countries that reduced the prevalence of low birthweight include the Plurinational State of Bolivia, which showed a 10 percent reduction and Cuba, which reduced it by 13 percent.

TABLE 12
Prevalence of low birthweight (percent)

	2000	2005	2010	2012	2014	2015
World	17.5	16.4	15.3	15.0	14.7	14.6
Latin America and the Caribbean	8.8	8.8	8.8	8.7	8.7	8.7
Caribbean	10.5	10.3	10.1	10.1	10.0	9.9
Mesoamerica	9.1	8.9	8.8	8.8	8.7	8.7
South America	8.5	8.7	8.6	8.6	8.6	8.6

SOURCE: UNICEF and WHO.

FIGURE 23
Prevalence of low birthweight in Latin America and the Caribbean by country



SOURCE: UNICEF and WHO.
<https://doi.org/10.4060/cb7497en-fig23>

ANNEX 1

DATA TABLES

TABLE 13

Prevalence of
undernourishment (percent)

	2000–2002	2004–2006	2009–2011	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	13.2	12.3	9.4	8.3	8.2	8.3	8.9
Latin America and the Caribbean	10.8	9.3	7.1	6.0	6.7	6.8	7.7
Caribbean	18.9	19.2	16.6	15.2	15.6	15.7	16.0
Mesoamerica	7.4	7.9	7.5	7.5	8.0	8.0	8.9
South America	11.2	8.8	5.9	4.5	5.3	5.5	6.3
Antigua and Barbuda							
Argentina	3.0	3.7	3.4	<2.5	3.1	3.5	3.9
Bahamas							
Barbados	6.4	6.1	4.8	4.3	4.3	4.2	4.1
Belize	5.8	5.7	6.8	7.7	6.7	6.2	5.9
Bolivia (Plurinational State of)	27.9	26.8	20.3	14.3	12.5	12.6	12.6
Brazil	10.7	6.5	3.9	<2.5	<2.5	<2.5	<2.5
Chile	3.4	3.1	3.6	3.0	3.0	3.0	3.4
Colombia	8.7	11.2	13.1	6.5	7.1	7.9	8.8
Costa Rica	4.7	4.4	3.8	4.1	3.1	3.0	3.1
Cuba	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5
Dominica	3.7	5.4	4.7	5.1	5.3	5.5	5.6
Dominican Republic	20.4	19.2	12.3	7.4	6.4	6.7	8.3
Ecuador	21.0	22.4	12.3	9.0	10.7	11.2	12.4
El Salvador	7.2	9.1	10.9	10.6	9.1	8.6	8.5
Grenada							
Guatemala	22.2	18.9	16.5	17.3	16.3	16.0	16.8
Guyana	6.5	7.1	7.3	6.7	6.0	5.5	5.2
Haiti	53.2	55.0	47.5	46.1	48.0	47.9	46.8
Honduras	21.9	22.3	15.9	14.5	13.2	13.1	13.5
Jamaica	7.4	7.4	9.6	9.6	8.8	7.7	7.7
Mexico	3.3	4.4	5.0	5.0	6.1	6.2	7.2
Nicaragua	27.5	23.3	20.1	19.0	17.6	18.2	19.3
Panama	24.5	21.6	11.8	8.1	7.5	7.4	7.5
Paraguay	10.5	9.5	8.4	7.4	7.8	7.9	9.2

TABLE 13
(Continued)

	2000–2002	2004–2006	2009–2011	2014–2016	2016–2018	2017–2019	2018–2020
Peru	21.5	18.8	8.8	5.9	7.6	7.9	8.7
Saint Kitts and Nevis							
Saint Lucia							
Saint Vincent and the Grenadines	13.4	7.9	5.7	5.7	5.5	5.5	5.6
Suriname	11.8	9.7	7.3	7.7	8.4	8.5	8.7
Trinidad and Tobago	10.0	11.1	9.2	6.8	6.8	6.7	6.7
Uruguay	3.6	3.9	<2.5	<2.5	<2.5	<2.5	<2.5
Venezuela (Bolivarian Republic of)	14.9	8.4	<2.5	11.3	22.2	23.4	27.4

SOURCE: FAO.

TABLE 14

Number of
undernourished people (millions)

	2000–2002	2004–2006	2009–2011	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	819.2	804.0	652.3	613.8	622.7	632.9	683.9
Latin America and the Caribbean	56.9	51.8	41.9	37.5	42.9	43.9	49.8
Caribbean	7.3	7.6	6.8	6.5	6.7	6.8	6.9
Mesoamerica	10.2	11.6	11.9	12.6	13.8	14.0	15.8
South America	39.5	32.6	23.2	18.4	22.4	23.1	27.0
Antigua and Barbuda							
Argentina	1.1	1.4	1.4		1.4	1.5	1.7
Bahamas							
Barbados	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Belize	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Bolivia (Plurinational State of)	2.4	2.5	2.0	1.6	1.4	1.4	1.5
Brazil	18.9	12.1	7.6				
Chile	0.5	0.5	0.6	0.5	0.6	0.6	0.6
Colombia	3.5	4.8	5.9	3.1	3.5	3.9	4.4
Costa Rica	0.2	0.2	0.2	0.2	0.2	0.1	0.2
Cuba							
Dominica	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Dominican Republic	1.8	1.7	1.2	0.8	0.7	0.7	0.9
Ecuador	2.7	3.1	1.8	1.5	1.8	1.9	2.2
El Salvador	0.4	0.6	0.7	0.7	0.6	0.6	0.5
Grenada							
Guatemala	2.6	2.5	2.4	2.8	2.8	2.8	2.9
Guyana	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Haiti	4.6	5.1	4.7	4.9	5.3	5.3	5.3
Honduras	1.5	1.7	1.3	1.3	1.2	1.3	1.3
Jamaica	0.2	0.2	0.3	0.3	0.3	0.2	0.2
Mexico	3.3	4.7	5.7	6.1	7.7	7.8	9.2
Nicaragua	1.4	1.3	1.2	1.2	1.1	1.2	1.3
Panama	0.8	0.7	0.4	0.3	0.3	0.3	0.3
Paraguay	0.6	0.6	0.5	0.5	0.5	0.6	0.7
Peru	5.8	5.2	2.5	1.8	2.4	2.5	2.8
Saint Kitts and Nevis							
Saint Lucia							
Saint Vincent and the Grenadines	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Suriname	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Trinidad and Tobago	0.1	0.1	0.1	<0.1	<0.1	<0.1	<0.1
Uruguay	0.1	0.1					
Venezuela (Bolivarian Republic of)	3.7	2.2		3.4	6.5	6.8	7.8

SOURCE: FAO.

TABLE 15

Prevalence of food insecurity (percent)

	Moderate or severe food insecurity				Severe food insecurity			
	2014–2016	2016–2018	2017–2019	2018–2020	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	23.0	24.8	25.8	27.6	8.2	8.9	9.5	10.5
Latin America and the Caribbean	27.9	32.0	32.3	34.8	8.1	9.5	9.9	11.3
Caribbean				67.5				37.6
Mesoamerica	29.3	27.6	27.8	31.0	6.4	6.5	6.8	8.5
South America	23.6	30.5	30.8	33.1	6.0	8.1	8.5	9.8
Antigua and Barbuda								
Argentina	19.2	32.3	35.8	35.8	5.8	11.2	12.9	12.6
Bahamas								
Barbados								
Belize								
Bolivia (Plurinational State of)								
Brazil	18.3	21.8	20.6	23.5	1.9	1.7	1.6	3.5
Chile	10.8	13.7	15.3	17.9	2.9	3.4	3.6	4.3
Colombia								
Costa Rica	12.2	13.7	14.5	15.3	1.8	2.2	2.4	2.6
Cuba								
Dominica								
Dominican Republic								
Ecuador	20.7	26.2	29.2	32.7	6.0	8.4	9.9	11.6
El Salvador	42.2	41.6	42.2	47.1	13.8	14.0	14.6	13.8
Grenada								
Guatemala	42.7	43.5	45.2	49.7	16.1	17.1	18.1	19.2
Guyana								
Haiti								
Honduras	41.6	41.1	40.9	45.6	14.2	14.1	14.0	14.6
Jamaica								
Mexico	25.6	23.0	23.0	26.1	3.6	3.3	3.7	5.8
Nicaragua								
Panama								
Paraguay								
Peru	37.2	42.9	44.9	47.8	13.5	16.6	18.0	19.2
Saint Kitts and Nevis								
Saint Lucia	22.2	22.2			4.5	4.5		
Saint Vincent and the Grenadines								
Suriname								
Trinidad and Tobago								
Uruguay	21.6	25.1	23.2	23.5	6.8	7.4	6.4	6.7
Venezuela (Bolivarian Republic of)								

SOURCE: FAO.

TABLE 16

Number of food insecure people (millions)

	Moderate or severe food insecurity				Severe food insecurity			
	2014–2016	2016–2018	2017–2019	2018–2020	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	1 696.1	1 874.4	1 970.1	2 132.3	607.7	669.4	722.7	813.0
Latin America and the Caribbean	174.2	203.8	207.2	225.8	50.3	60.6	63.5	73.3
Caribbean				29.2				16.3
Mesoamerica	49.5	47.8	48.7	55.1	10.9	11.2	12.0	15.1
South America	97.4	128.1	130.3	141.4	24.9	34.0	35.8	41.9
Antigua and Barbuda								
Argentina	8.3	14.2	15.9	16.0	2.5	4.9	5.7	5.7
Bahamas								
Barbados								
Belize								
Bolivia (Plurinational State of)								
Brazil	37.5	45.4	43.1	49.6	3.9	3.6	3.4	7.5
Chile	1.9	2.5	2.9	3.4	0.5	0.6	0.7	0.8
Colombia								
Costa Rica	0.6	0.7	0.7	0.8	<0.1	0.1	0.1	0.1
Cuba								
Dominica								
Dominican Republic								
Ecuador	3.4	4.4	5.0	5.7	1.0	1.4	1.7	2.0
El Salvador	2.7	2.7	2.7	3.0	0.9	0.9	0.9	0.9
Grenada								
Guatemala	6.9	7.4	7.8	8.7	2.6	2.9	3.1	3.4
Guyana								
Haiti								
Honduras	3.8	3.9	3.9	4.4	1.3	1.3	1.3	1.4
Jamaica								
Mexico	31.2	28.7	29.0	33.2	4.4	4.2	4.6	7.4
Nicaragua								
Panama								
Paraguay								
Peru	11.3	13.5	14.4	15.5	4.1	5.2	5.8	6.2
Saint Kitts and Nevis								
Saint Lucia	<0.1	<0.1			<0.1	<0.1		
Saint Vincent and the Grenadines								
Suriname								

TABLE 16

Prevalence of food insecurity (percent)

	Moderate or severe food insecurity				Severe food insecurity			
	2014–2016	2016–2018	2017–2019	2018–2020	2014–2016	2016–2018	2017–2019	2018–2020
Trinidad and Tobago								
Uruguay	0.7	0.9	0.8	0.8	0.2	0.3	0.2	0.2
Venezuela (Bolivarian Republic of)								

SOURCE: FAO.

TABLE 17

Prevalence of stunting among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD	33.1	30.7	27.7	24.4	22.9	22.4	22.0
Latin America and the Caribbean	18.0	15.7	13.5	12.0	11.6	11.4	11.3
Caribbean	15.7	14.5	13.7	12.6	12.1	11.9	11.8
Mesoamerica	25.5	22.1	18.8	17.4	17.1	16.8	16.6
South America	14.7	12.8	10.9	9.3	8.8	8.7	8.6
Argentina	10.5	9.0	8.0	7.8	7.7	7.7	7.8
Barbados	8.3	8.0	7.9	7.2	6.8	6.6	6.6
Belize	25.2	22.8	19.0	15.6	14.1	13.7	13.3
Bolivia (Plurinational State of)	33.4	28.8	22.4	17.2	14.2	13.4	12.7
Brazil	9.8	7.5	6.6	6.1	6.1	6.1	6.1
Chile	2.9	2.3	2.0	1.8	1.6	1.6	1.6
Colombia	17.5	15.4	13.3	12.4	11.8	11.6	11.5
Costa Rica	7.7	6.6	6.7	7.5	8.2	8.4	8.6
Cuba	7.2	7.3	7.1	7.1	7.1	7.0	7.0
Dominican Republic	10.6	9.0	8.4	7.4	6.6	6.2	5.9
Ecuador	28.2	27.9	25.4	23.3	23.5	23.4	23.1
El Salvador	28.8	23.0	17.6	13.5	12.0	11.6	11.2
Guatemala	53.8	53.0	49.1	46.2	44.7	43.6	42.8
Guyana	15.0	16.9	16.0	11.9	10.0	9.5	9.0
Haiti	30.9	27.6	25.1	22.3	21.2	20.7	20.4
Honduras	37.5	30.4	24.1	21.9	20.9	20.4	19.9
Jamaica	7.4	6.2	6.4	7.5	8.1	8.3	8.5
Mexico	20.3	16.4	13.5	12.4	12.4	12.2	12.1
Nicaragua	25.3	21.6	18.4	16.0	14.7	14.4	14.1
Panama	18.5	20.7	20.9	18.1	16.0	15.4	14.7
Paraguay	18.3	16.5	11.5	7.3	5.5	5.0	4.6
Peru	31.7	28.0	21.8	15.0	12.1	11.4	10.8
Saint Lucia	3.8	3.1	2.8	2.6	2.7	2.7	2.8
Suriname	13.9	10.9	9.1	8.5	8.3	8.2	8.0
Trinidad and Tobago	5.9	7.0	8.2	8.6	8.7	8.7	8.7
Uruguay	14.6	12.2	9.8	7.8	6.9	6.7	6.5
Venezuela (Bolivarian Republic of)	17.8	16.7	13.6	11.2	10.7	10.6	10.6

SOURCE: UNICEF, WHO and World Bank.

TABLE 18Prevalence of wasting
among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD							6.7
Latin America and the Caribbean							1.3
Caribbean							2.8
Mesoamerica							0.9
South America							1.4
Argentina		1.2				1.6	
Belize				1.8			
Colombia	1.0	1.6	0.9				
Costa Rica					1.8		
Cuba	2.4					2.0	
Dominican Republic	1.5						
Ecuador						3.7	
Guatemala	3.7			0.8			
Guyana	12.1						
Haiti	5.5						
Jamaica	3.0		4.8				
Mexico				1.0		1.4	
Paraguay		1.1					
Peru	1.1	1.0	0.7	0.6	0.5	0.4	
Suriname	7.0		5.0		5.5		
Trinidad and Tobago	5.2						
Uruguay					1.4		
Venezuela (Bolivarian Republic of)	3.9	4.8					

SOURCE: UNICEF, WHO and World Bank.

TABLE 19

Prevalence of overweight among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD	5.4	5.7	5.6	5.6	5.7	5.7	5.7
Latin America and the Caribbean	6.8	7.1	7.2	7.4	7.4	7.5	7.5
Caribbean	5.8	6.1	6.3	6.5	6.6	6.6	6.6
Mesoamerica	6.7	6.8	6.7	6.4	6.3	6.3	6.3
South America	7.0	7.3	7.6	7.9	8.1	8.1	8.2
Argentina	11.6	12.1	12.3	12.5	12.8	12.9	12.9
Barbados	7.8	9.1	10.4	11.2	11.4	11.4	11.4
Belize	9.0	9.4	9.2	8.6	8.2	8.1	8.0
Bolivia (Plurinational State of)	8.5	9.0	9.1	8.9	8.9	8.9	8.8
Brazil	6.2	6.5	6.8	7.1	7.2	7.2	7.3
Chile	11.3	11.3	10.6	10.1	9.9	9.9	9.8
Colombia	4.7	4.8	5.1	5.4	5.6	5.7	5.8
Costa Rica	8.5	8.6	8.4	8.2	8.1	8.1	8.1
Cuba	7.8	8.6	9.0	9.5	9.8	9.9	10.0
Dominican Republic	6.8	7.4	7.8	7.7	7.7	7.7	7.6
Ecuador	4.5	5.3	6.6	8.3	9.3	9.6	9.8
El Salvador	4.7	5.3	5.8	6.3	6.5	6.5	6.6
Guatemala	6.0	5.9	5.5	5.2	5.1	5.1	5.1
Guyana	4.1	4.9	5.6	6.3	6.5	6.5	6.6
Haiti	3.7	3.6	3.6	3.6	3.7	3.7	3.7
Honduras	3.7	4.2	4.8	5.3	5.5	5.6	5.7
Jamaica	6.0	6.8	7.2	7.2	7.0	6.9	6.8
Mexico	7.2	7.2	6.9	6.5	6.4	6.3	6.3
Nicaragua	6.4	6.8	7.1	7.3	7.4	7.5	7.5
Panama	8.4	9.3	9.9	10.5	10.7	10.8	10.8
Paraguay	7.2	8.3	9.6	10.9	11.6	11.8	12.0
Peru	9.8	9.5	9.0	8.4	8.1	8.1	8.0
Saint Lucia	5.8	6.1	6.4	6.6	6.8	6.8	6.9
Suriname	3.5	3.6	3.7	3.9	4.0	4.0	4.0
Trinidad and Tobago	5.9	7.3	8.9	10.4	10.9	10.9	11.0
Uruguay	9.0	9.4	9.6	10.0	10.2	10.3	10.3
Venezuela (Bolivarian Republic of)	5.3	5.6	6.2	6.6	6.7	6.7	6.7

SOURCE: UNICEF, WHO and World Bank.

TABLE 20

Prevalence of anaemia among women of reproductive age (15–49 years) (percent)

	2000	2005	2010	2015	2017	2018	2019
WORLD	31.2	29.9	28.6	28.8	29.3	29.6	29.9
Latin America and the Caribbean	25.6	22.8	19.3	17.3	17.1	17.1	17.2
Caribbean	34.8	32.0	29.2	28.6	28.8	29.0	29.2
Mesoamerica	22.5	19.0	16.1	14.5	14.3	14.4	14.6
South America	25.9	23.4	19.6	17.4	17.2	17.2	17.3
Antigua and Barbuda	22.0	19.6	17.1	16.6	16.9	17.0	17.2
Argentina	16.2	15.5	13.4	12.1	11.9	11.8	11.9
Bahamas	17.4	15.5	13.9	13.4	13.7	14.1	14.5
Barbados	20.6	19.1	17.3	16.7	16.7	16.8	17.0
Belize	27.2	24.5	21.9	20.6	20.5	20.5	20.5
Bolivia (Plurinational State of)	33.1	32.6	30.0	26.7	25.1	24.6	24.4
Brazil	26.9	24.2	19.9	16.8	16.3	16.2	16.1
Chile	9.2	8.3	7.9	8.0	8.3	8.5	8.7
Colombia	30.3	27.5	23.3	21.1	20.9	21.0	21.2
Costa Rica	16.1	14.1	12.4	12.6	13.0	13.3	13.7
Cuba	28.5	25.1	21.0	19.5	19.3	19.2	19.3
Dominica	25.8	22.0	20.6	19.9	20.1	20.4	20.8
Dominican Republic	36.8	33.0	28.9	27.3	26.6	26.5	26.4
Ecuador	25.1	21.4	18.3	17.0	17.0	17.1	17.2
El Salvador	11.4	10.5	10.0	9.9	10.1	10.4	10.6
Grenada	24.6	21.6	19.6	18.7	18.8	19.0	19.2
Guatemala	22.4	17.7	12.9	8.9	7.9	7.6	7.4
Guyana	44.1	40.3	35.9	32.7	32.0	31.8	31.7
Haiti	53.8	50.8	48.2	47.4	47.5	47.6	47.7
Honduras	21.5	18.4	16.8	16.9	17.3	17.6	18.0
Jamaica	24.8	22.0	20.0	19.4	19.5	19.6	19.9
Mexico	23.5	19.8	16.8	15.1	15.0	15.1	15.3
Nicaragua	19.5	15.2	13.5	13.9	14.6	15.1	15.7
Panama	28.5	26.2	23.0	21.3	21.1	21.2	21.2
Paraguay	24.1	23.8	22.2	22.4	23.0	23.0	23.0
Peru	32.4	27.4	22.0	20.1	20.2	20.4	20.6
Saint Kitts and Nevis	20.6	18.6	17.0	14.9	14.8	15.1	15.4
Saint Lucia	19.0	17.0	14.9	13.7	13.9	14.1	14.3
Saint Vincent and the Grenadines	24.6	20.7	18.0	16.9	16.7	16.8	17.0
Suriname	27.6	24.5	21.1	20.2	20.5	20.7	21.0
Trinidad and Tobago	25.5	21.8	18.8	17.4	17.4	17.5	17.7
Uruguay	13.4	14.2	13.3	13.8	14.4	14.7	15.0
Venezuela (Bolivarian Republic of)	27.4	25.0	21.3	21.9	23.0	23.7	24.2

SOURCE: WHO.

TABLE 21

Prevalence of obesity
among adults (percent)

	2000	2005	2010	2013	2014	2015	2016
WORLD	8.7	9.9	11.2	12.1	12.5	12.8	13.1
Latin America and the Caribbean	16.6	18.9	21.2	22.7	23.2	23.7	24.2
Caribbean	15.2	17.8	20.8	22.7	23.4	24.0	24.7
Mesoamerica	19.1	21.6	24.1	25.7	26.2	26.7	27.3
South America	15.8	18.0	20.2	21.6	22.1	22.5	23.0
Antigua and Barbuda	12.7	14.4	16.2	17.5	18.0	18.4	18.9
Argentina	20.7	23.0	25.3	26.8	27.3	27.8	28.3
Bahamas	23.9	26.2	28.5	30.0	30.5	31.0	31.6
Barbados	15.1	17.4	19.8	21.4	22.0	22.5	23.1
Belize	16.4	18.7	21.0	22.5	23.0	23.6	24.1
Bolivia (Plurinational State of)	13.2	15.2	17.4	18.8	19.3	19.7	20.2
Brazil	14.5	16.8	19.2	20.6	21.1	21.6	22.1
Chile	20.6	22.8	25.1	26.5	27.0	27.5	28.0
Colombia	15.4	17.4	19.5	20.9	21.4	21.9	22.3
Costa Rica	14.8	18.0	21.4	23.6	24.3	25.0	25.7
Cuba	17.3	19.4	21.7	23.1	23.6	24.1	24.6
Dominica	19.4	21.8	24.5	26.2	26.8	27.3	27.9
Dominican Republic	16.0	19.3	23.0	25.3	26.1	26.9	27.6
Ecuador	13.2	15.2	17.2	18.5	19.0	19.4	19.9
El Salvador	15.6	18.4	21.1	22.8	23.4	24.0	24.6
Grenada	13.5	15.7	18.1	19.6	20.2	20.7	21.3
Guatemala	12.9	15.3	17.8	19.5	20.0	20.6	21.2
Guyana	11.9	14.3	16.8	18.4	19.0	19.6	20.2
Haiti	10.9	13.9	17.7	20.2	21.0	21.8	22.7
Honduras	12.6	15.0	17.8	19.5	20.1	20.8	21.4
Jamaica	15.9	18.4	21.1	22.9	23.5	24.1	24.7
Mexico	20.8	23.3	25.8	27.3	27.8	28.3	28.9
Nicaragua	15.6	17.9	20.4	22.0	22.5	23.1	23.7
Panama	14.7	17.2	19.6	21.1	21.6	22.2	22.7
Paraguay	12.3	14.7	17.2	18.7	19.2	19.8	20.3
Peru	13.5	15.3	17.3	18.5	18.9	19.3	19.7
Saint Kitts and Nevis	14.4	16.7	19.3	21.0	21.6	22.3	22.9
Saint Lucia	12.9	14.8	16.5	18.0	18.5	19.1	19.7
Saint Vincent and the Grenadines	14.6	17.2	20.0	21.8	22.4	23.1	23.7
Suriname	18.9	21.2	23.5	24.9	25.4	25.9	26.4
Trinidad and Tobago	10.6	12.9	15.3	16.9	17.4	18.0	18.6
Uruguay	20.6	22.8	25.1	26.5	27.0	27.5	27.9
Venezuela (Bolivarian Republic of)	19.4	21.4	23.3	24.4	24.8	25.2	25.6

SOURCE: WHO.

TABLE 22

Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)

	2000	2005	2010	2015	2017	2018	2019
WORLD							44.0
Caribbean							25.9
Mesoamerica							33.2
Belize				33.2			
Bolivia (Plurinational State of)	38.6						
Colombia	25.1			36.7			
Cuba	41.2		48.6				
Dominican Republic	11.0						
Guyana	10.4						
Haiti	23.0	40.5					
Honduras		28.7					
Jamaica		15.2					
Mexico				30.1		28.6	
Peru	66.6		68.3	62.7	64.2	66.4	
Suriname			2.8				
Trinidad and Tobago	2.3						

SOURCE: UNICEF.

TABLE 23

Prevalence of
low birthweight (percent)

	2000	2005	2010	2012	2013	2014	2015
WORLD	17.5	16.4	15.3	15.0	14.8	14.7	14.6
Latin America and the Caribbean	8.8	8.8	8.8	8.7	8.7	8.7	8.7
Caribbean	10.5	10.3	10.1	10.1	10.0	10.0	9.9
Mesoamerica	9.1	8.9	8.8	8.8	8.7	8.7	8.7
South America	8.5	8.7	8.6	8.6	8.6	8.6	8.6
Antigua and Barbuda	9.4	9.3	9.1	9.1	9.1	9.1	9.1
Argentina	7.4	7.5	7.2	7.1	7.1	7.2	7.3
Bahamas	13.4	13.3	13.3	13.2	13.2	13.2	13.1
Belize	9.0	8.8	8.7	8.7	8.6	8.6	8.6
Bolivia (Plurinational State of)	8.0	7.7	7.4	7.3	7.3	7.3	7.2
Brazil	7.8	8.2	8.4	8.4	8.4	8.4	8.4
Chile	5.2	5.7	5.9	6.0	6.1	6.2	6.2
Colombia	10.5	10.3	10.1	10.0	10.0	10.0	10.0
Costa Rica	7.0	6.8	7.1	7.3	7.4	7.4	7.5
Cuba	6.1	5.4	5.2	5.2	5.2	5.2	5.3
Dominican Republic	11.6	11.6	11.5	11.4	11.4	11.3	11.3
Ecuador	12.0	11.6	11.4	11.3	11.3	11.2	11.2
El Salvador	11.0	10.6	10.5	10.4	10.4	10.3	10.3
Guatemala	12.2	11.6	11.3	11.2	11.1	11.0	11.0
Guyana	16.3	15.9	15.8	15.8	15.7	15.7	15.6
Honduras	11.9	11.5	11.2	11.0	11.0	10.9	10.9
Jamaica	15.3	15.0	14.8	14.7	14.7	14.6	14.6
Mexico	8.2	8.0	7.9	8.0	7.9	7.9	7.9
Nicaragua	11.5	11.2	10.9	10.8	10.8	10.7	10.7
Panama	10.6	10.4	10.2	10.2	10.1	10.1	10.1
Paraguay	8.6	8.4	8.2	8.2	8.2	8.1	8.1
Peru	10.1	9.8	9.6	9.5	9.5	9.4	9.4
Suriname	16.0	15.4	15.0	14.9	14.8	14.7	14.7
Trinidad and Tobago	13.1	12.9	12.6	12.5	12.5	12.4	12.4
Uruguay	7.7	8.7	8.2	7.9	7.8	7.7	7.6
Venezuela (Bolivarian Republic of)	8.6	8.8	8.5	8.6	8.7	8.8	9.1

SOURCE: UNICEF and WHO.

ANNEX 2

FOOD SECURITY AND NUTRITION INDICATORS DEFINITIONS

Undernourishment

Undernourishment is defined as the condition of an individual whose habitual food consumption is insufficient to provide, on average, the amount of dietary energy required to maintain a normal, active and healthy life. The indicator is reported as a prevalence and is denominated as “prevalence of undernourishment”, which is an estimate of the percentage of individuals in the total population who are in a condition of undernourishment.

Data source: FAOSTAT

Food insecurity as measured by the Food Insecurity Experience Scale

Food insecurity as measured by the FIES indicator refers to limited access to food, at the level of individuals or households, due to lack of money or other resources. The severity of food insecurity is measured using data collected with the FIES survey module (FIES-SM), a set of eight questions asking respondents to self-report conditions and experiences typically associated with limited access to food. For purposes of annual SDG monitoring, the questions are asked with reference to the 12 months preceding the survey.

FAO provides estimates of food insecurity at two different levels of severity: moderate or severe food insecurity and severe food insecurity. People affected by moderate food insecurity face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. Severe food insecurity refers to situations when individuals have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating. The prevalence of moderate or severe food insecurity is the combined prevalence of food insecurity at both severity levels.

Data source: FAOSTAT

Stunting, wasting and overweight in children under five years of age

Stunting (children under five years of age): Height/length (cm) for age (months) < -2 SD of the WHO Child Growth Standards median. Low height-for-age is an indicator that reflects the cumulative effects of undernutrition and infections since and even before birth. It may be the result of long-term nutritional deprivation, recurrent infections and lack of water and sanitation infrastructures. Stunted children are at greater risk for illness and death. Stunting often adversely affects the cognitive and physical growth of children, making for poor performance in school and reduced intellectual capacity.

Prevalence cut-off values for public health significance are as follows: very low < 2.5 percent; low 2.5 – < 10 percent; medium 10 – < 20 percent; high 20 – < 30 percent; very high ≥ 30 percent.

Wasting: Weight (kg) for height/length (cm) < -2 SD of the WHO Child Growth Standards median. Low weight-for-height is an indicator of acute weight loss or a failure to gain weight and can be the result of insufficient food intake and/or an incidence of infectious diseases, especially diarrhoea. Wasting indicates acute malnutrition and increases the risk of death in childhood from infectious diseases such as diarrhoea, pneumonia and measles.

Prevalence cut-off values for public health significance for wasting are as follows: very low < 2.5 percent; low 2.5 – < 5 percent; medium 5 – < 10 percent; high 10 – < 15 percent; very high ≥ 15 percent.

Overweight: Weight (kg) for height/ length (cm) $> +2$ SD of the WHO Child Growth Standards median. This indicator reflects excessive weight gain for height generally due to energy intakes exceeding children's energy requirements. Childhood overweight and obesity is associated with a higher probability of overweight and obesity in adulthood, which can lead to various non-communicable diseases, such as diabetes and cardiovascular diseases.

Prevalence cut-off values for public health significance for child overweight are as follows: very low < 2.5 percent; low 2.5 – < 5 percent; medium 5 – < 10 percent; high 10 – < 15 percent; very high ≥ 15 percent.

Data source: UNICEF, WHO & World Bank. 2021. *Levels and Trends in Child Malnutrition*. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2021 edition. <https://data.unicef.org/resources/jme-report-2021>, www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb, <https://datatopics.worldbank.org/child-malnutrition>

Exclusive breastfeeding

Exclusive breastfeeding for infants under 6 months of age is defined as receiving only breastmilk and no additional food or drink, not even water. Exclusive breastfeeding is a cornerstone of child survival and is the best food for newborns, as breastmilk shapes the baby's microbiome, strengthens the immune system and reduces the risk of developing chronic diseases. Breastfeeding also benefits mothers by preventing postpartum haemorrhage and promoting uterine involution, decreasing risk of iron-deficiency anaemia, reducing the risk of various types of cancer and providing psychological benefits.

Data source: UNICEF. 2020. Infant and young child feeding. In: *UNICEF*. New York, USA. Cited 19 April 2021. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding>

Low birthweight

Low birthweight is defined as a weight at birth of less than 2 500 g (less than 5.51 lbs), regardless of gestational age. A newborn's weight at birth is an important marker of maternal and foetal health and nutrition.

Data source: UNICEF & WHO. 2019. UNICEF-WHO joint low birthweight estimates. In: *United Nations Children's Fund*. New York, USA and Geneva, Switzerland. Cited 28 April 2020. www.unicef.org/reports/UNICEF-WHO-low-birthweight-estimates-2019, www.who.int/nutrition/publications/UNICEF-WHO-lowbirthweight-estimates-2019

Adult obesity

The body mass index (BMI) is the ratio of weight-to-height commonly used to classify the nutritional status of adults. It is calculated as the body weight in kilograms divided by the square of the body height in metres (kg/m²). Obesity includes individuals with BMI equal to or higher than 30 kg/m².

Data source: WHO. 2020. Global Health Observatory (GHO) data repository. In: *World Health Organization*. Geneva, Switzerland. Cited 28 April 2020. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

Anaemia in women of reproductive age

Definition: percentage of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Prevalence cut-off values for public health significance are as follows: no public health problem <5 percent; mild 5–19.9 percent; moderate 20–39.9 percent; severe ≥40 percent.

Data source: WHO. 2021. Vitamin and Mineral Nutrition Information System (VMNIS). In: *WHO*. Geneva, Switzerland. Cited 25 May 2021. www.who.int/teams/nutrition-food-safety/databases/vitamin-and-mineral-nutrition-information-system
WHO. 2021. Global anaemia estimates, Edition 2021. In: *Global Health Observatory (GHO) data repository*. Geneva, Switzerland. Cited 25 May 2021. [www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-\(-\)](http://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age-(-))

ANNEX 3 NOTES

For specific country notes, please refer to Tables A.1.1 and A.1.2 in FAO, IFAD, UNICEF, WFP & WHO. 2021. *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*. Rome, FAO. <http://www.fao.org/3/cb4474en/cb4474en.pdf>

Prevalence of undernourishment

Regional estimates were included when more than 50 percent of the population was covered. National estimates are reported as three-year moving averages to control for the low reliability of some of the underlying parameters such as the year-to-year variation in food commodity stocks, one of the components of the annual FAO Food Balance Sheets, for which complete and reliable information is scarce. Regional and global aggregates are reported as annual estimates on account of the fact that possible estimation errors are expected not to be correlated across countries.

Food insecurity

Regional estimates were included when more than 50 percent of the population was covered. To reduce the margin of error, national estimates are presented as three-year averages.

FAO estimates refer to the number of people living in households where at least one adult has been found to be food insecure.

Country-level results are presented only for those countries for which estimates are based on official national data or as provisional estimates, based on FAO data collected through the Gallup® World Poll, for countries whose national relevant authorities expressed no objection to their publication. Note that consent to publication does not necessarily imply validation of the estimate by the national authorities involved and that the estimate is subject to revision as soon as suitable data from official national sources are available. Global, regional and subregional aggregates are based on data collected in approximately 150 countries.

The estimates for Latin America and the Caribbean from 2014 to 2019 include Caribbean countries whose combined populations represent only 30 percent of the population of that subregion, while the 2020 estimates include Caribbean countries

whose combined populations represent around 60 percent of the population of the subregion. The countries included in the 2020 estimate for the Caribbean subregion are: the Dominican Republic, Grenada, Haiti, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines.

Child stunting, wasting and overweight

The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures required to prevent the spread of COVID-19. Only four national surveys included in the database were carried out (at least partially) in 2020. The estimates on child stunting, wasting and overweight are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic.

For child wasting regional estimates, values correspond to the model predicted estimates for the year 2020 only. Wasting is an acute condition that can change often and rapidly over the course of a calendar year. This makes it difficult to generate reliable trends over time with the input data available – as such, this report provides only the most recent global and regional estimates.

Exclusive breastfeeding

Regional estimates are included when more than 50 percent of the population is covered.

ANNEX 4

COUNTRY GROUPINGS

FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>

In this report, Mesoamerica refers to the M49 Central America grouping.

The groupings are:

- **Caribbean:** Antigua and Barbuda, the Bahamas, Barbados, Cuba, Dominica, the Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago;
- **Mesoamerica:** Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; and
- **South America:** Argentina, the Plurinational State of Bolivia, Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of).

ISBN 978-92-5-135261-8



9 789251 352618

CB7497EN/1/11.21