



Food and Agriculture
Organization of the
United Nations



Investing in rural people

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

unicef



World Food
Programme

2023



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

STATISTICS AND TRENDS

2023
**LATIN AMERICA
AND THE CARIBBEAN**
**REGIONAL OVERVIEW OF
FOOD SECURITY AND
NUTRITION**

STATISTICS AND TRENDS

Published by
the Food and Agriculture Organization of the United Nations and
International Fund for Agricultural Development and
United Nations Children's Fund and
The World Food Programme and
Pan American Health Organization
Santiago, 2023

Required citation:

FAO, IFAD, PAHO, UNICEF & WFP. 2023. *Latin America and the Caribbean – Regional Overview of Food Security and Nutrition 2023: Statistics and trends*. Santiago. <https://doi.org/10.4060/cc8514en>

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), the International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP) or the Pan American Health Organization (PAHO) concerning the legal, constitutional or development status of any country, territory, city or area or of its authorities or sea areas, or concerning the delimitation of its frontiers or boundaries. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these have been endorsed or recommended by FAO, IFAD, UNICEF, WFP or PAHO in preference to others of a similar nature that are not mentioned.

The designations employed and the presentation of material in the maps do not imply the expression of any opinion whatsoever on the part of FAO, IFAD, UNICEF, WFP or PAHO concerning the legal or constitutional status of any country, territory or sea area, or concerning the delimitation of frontiers.

All reasonable precautions have been taken by FAO, IFAD, UNICEF, WFP and PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall FAO, IFAD, UNICEF, WFP and PAHO be liable for damages arising from its use.

ISBN 978-92-5-138358-2 [FAO]

© FAO, 2023, last updated 11/16/2023



Some rights reserved. This work is made available under the Creative Commons Attribution- NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/legalcode>).

Under the terms of this licence, this Work may be copied, redistributed and adapted for non-commercial purposes, provided that The Work is appropriately cited as indicated below. In any use of this work, there should be no suggestion that FAO, IFAD, UNICEF, WFP and PAHO endorses any specific organization, products or services. The use of the logos of FAO, IFAD, PAHO, WFP and UNICEF is not permitted. If The Work is adapted, then it must be licensed under the same or equivalent Creative Commons licence. If a translation of this work is created, it must include the following disclaimer along with the required citation: "This translation was not created by the Food and Agriculture Organization of the United Nations (FAO), International Fund for Agricultural Development (IFAD), United Nations Children's Fund (UNICEF), World Food Programme (WFP) or Pan American Health Organization (PAHO). FAO, IFAD, UNICEF, WFP and PAHO are not responsible for the content or accuracy of this translation. The original Spanish edition shall be the authoritative edition."

Disputes arising under the licence that cannot be settled amicably will be resolved by mediation and arbitration as described in Article 8 of the licence except as otherwise provided herein. The applicable mediation rules will be the mediation rules of the World Intellectual Property Organization <http://www.wipo.int/amc/en/mediation/rules> and any arbitration will be in accordance with the Arbitration Rules of the United Nations Commission on International Trade Law (UNCITRAL)

Third-party materials. Users wishing to reuse material from this work that is attributed to a third party, such as tables, figures or images, are responsible for determining whether permission is needed for that reuse and for obtaining permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in The Work rests solely with the user.

Sales, rights and licensing. FAO information products are available on the FAO website (www.fao.org/publications) and can be purchased through publications-sales@fao.org. Requests for commercial use should be submitted via: www.fao.org/contact-us/licence-request. PAHO's information products are available on its website www.paho.org and can be purchased by email request to sales@paho.org. WFP information products are available on the WFP website <http://es.wfp.org/publicaciones/list> and can be purchased by email request to pma.latinoamerica@wfp.org. UNICEF information products are available on its website <https://www.unicef.org/es>. Requests for commercial use of the Work should be submitted through the following website: www.fao.org/contact-us/licence-request. Inquiries about rights and licenses should be directed to: copyright@fao.org. Queries regarding rights and licensing should be submitted to: copyright@fao.org.

CONTENTS

FOREWORD	vi
ACKNOWLEDGEMENTS	ix
ABBREVIATIONS	x
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	19
2.1 Stunting among children under 5 years of age	21
2.2 Wasting among children under 5 years of age	24
2.3 Overweight among children under 5 years of age	27
2.4 Anaemia among women aged 15 to 49 years	30
CHAPTER 3	
ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS	35
3.1 Adult obesity	36
3.2 Prevalence of exclusive breastfeeding during the first six months of life	39
3.3 Prevalence of low birthweight	40
CHAPTER 4	
UPDATES TO THE COST AND AFFORDABILITY OF A HEALTHY DIET	45
CONCLUSION	51
REFERENCES	53
ANNEX	
Annex I Data tables	55
Annex II Definition of indicators	69
Annex III Notes	73
Annex IV Country groupings	75

TABLES

1	Prevalence of undernourishment (percent)	5
2	Number of undernourished people (millions)	6
3	Prevalence of food insecurity (percent)	11
4	Number of moderately or severely food insecure people (millions)	12
5	Number of severely food insecure people (millions)	13
6	Prevalence of food insecurity by sex (percent)	17
7	Prevalence of food insecurity by degree of urbanization (percent) (2022)	17
8	Prevalence of stunting among children under 5 years of age (percent)	22
9	Prevalence of wasting among children under 5 years of age (percent)	25
10	Prevalence of overweight among children under 5 years of age (percent)	28
11	Prevalence of anaemia among women aged 15 to 49 years (percent)	32
12	Prevalence of obesity among adults (percent)	37
13	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	40
14	Prevalence of low birthweight (percent)	43
15	Cost of a healthy diet	46
16	Number of people unable to afford a healthy diet (millions)	49
17	Prevalence of undernourishment (percent)	55
18	Number of undernourished people (millions)	56
19	Prevalence of food insecurity (percent)	57
20	Number of food insecure people (millions)	58
21	Prevalence of food insecurity by sex (percent)	59
22	Prevalence of stunting among children under 5 years of age (percent)	60
23	Prevalence of wasting among children under 5 years of age (percent)	61
24	Prevalence of overweight among children under 5 years of age (percent)	62
25	Prevalence of anaemia among women aged 15 to 49 years (percent)	63
26	Prevalence of obesity among adults (percent)	64
27	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	65
28	Prevalence of low birthweight (percent)	66
29	Affordability of a healthy diet	67
30	Cost of a healthy diet (PPP dollars per person per day)	68

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	Number of undernourished people in Latin America and the Caribbean by subregion	6
4	Prevalence of undernourishment in Latin America and the Caribbean by country and subregion	8
5	Prevalence of food insecurity in Latin America and the Caribbean by subregion	10
6	Number of moderately or severely food insecure people in Latin America and the Caribbean by subregion	11
7	Number of severely food insecure people in Latin America and the Caribbean by subregion	12
8	Prevalence of moderate or severe food insecurity in Latin America and the Caribbean by country and subregion	14
9	Prevalence of moderate or severe food insecurity by sex (2022)	16
10	Prevalence of stunting among children under 5 years of age in Latin America and the Caribbean by subregion	23
11	Prevalence of stunting among children under 5 years of age in Latin America and the Caribbean by country and subregion	24
12	Prevalence of wasting among children under 5 years of age in Latin America and the Caribbean by subregion (2022)	25
13	Prevalence of wasting among children under 5 years of age in Latin America and the Caribbean by country and subregion (latest year available from 2015 to 2022)	27
14	Prevalence of overweight among children under 5 years of age in Latin America and the Caribbean by subregion	29
15	Prevalence of overweight among children under 5 years of age in Latin America and the Caribbean by country and subregion	31
16	Prevalence of anaemia among women aged 15 to 49 years in Latin America and the Caribbean by subregion	32
17	Prevalence of anaemia among women aged 15 to 49 years in Latin America and the Caribbean by country and subregion	34
18	Prevalence of obesity among adults in Latin America and the Caribbean by subregion	38
19	Prevalence of obesity among adults in Latin America and the Caribbean by country and subregion	39
20	Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by subregion	40
21	Prevalence of exclusive breastfeeding among infants 0–5 months of age in Latin America and the Caribbean by country and subregion	42
22	Prevalence of low birthweight in Latin America and the Caribbean by subregion	43
23	Prevalence of low birthweight in Latin America and the Caribbean by country and subregion	44
24	Change in the cost of a healthy diet in Latin America and the Caribbean by subregion	47
25	Change in the number of people unable to afford a healthy diet in Latin America and the Caribbean by subregion	48
26	Percentage of people unable to afford a healthy diet in Latin America and the Caribbean by country and subregion	50

FOREWORD

The 2023 edition of the Regional Overview of Food Security and Nutrition in Latin America and the Caribbean presents the main indicators of hunger, food insecurity, malnutrition in all its forms and those related to the cost and affordability of a healthy diet, in order to contribute to the analysis of food security and nutrition as fundamental pillars for the fulfillment of the Sustainable Development Goals (SDGs)

The impact of the COVID-19 pandemic, the climate crisis and the conflict in Ukraine, as well as the economic slowdown, rising food inflation and income inequality, have had an impact on regional figures. The most recent data shows that, between 2021 and 2022, progress was made in reducing hunger and food insecurity in Latin America and the Caribbean. However, the progress achieved is still far from the targets established to meet SDG 2 of ending hunger.

The persistent challenges affecting the region have generated important differences between its subregions. In South America, a slight decrease in hunger and food insecurity was recorded between 2021 and 2022. In Mesoamerica, these indicators remained at similar levels. However, in the Caribbean, both indicators increased, mainly due to the food emergency in Haiti.

Food insecurity continues to affect different groups of the population unequally, with women and residents of rural areas being the most vulnerable. Women face greater food insecurity than men, and although the figure has been reduced in 2022, the gap registered at the regional level is even higher than the global estimate. Additionally, rural and peri-urban populations experience a higher prevalence of moderate or severe food insecurity than those living in urban areas.

Furthermore, malnutrition in all its forms, including childhood stunting, micronutrient deficiencies, overweight and obesity, continue to be a challenge for the region.

Stunting in children under 5 years of age has been reduced, but there are still lagging territories in some countries of the region with a high prevalence of this condition. At the

same time, the prevalence of overweight in children under 5 years of age is increasing and has exceeded the global estimates. Meanwhile, a quarter of the adult population lives with obesity.

In addition, one in five people in the region cannot access a healthy diet. The cost of a healthy diet increased between 2018 and 2021 in Latin America and the Caribbean, reaching the highest cost compared to other regions in the world, a trend that is especially evident in the Caribbean.

In the current context, it is imperative to move towards the transformation of agrifood systems in coordination with the strengthening of health and social protection systems, through comprehensive actions and systemic and multisectoral approaches. It is crucial to prioritize the development of sustainable value chains that promote nutrition, boost agrifood markets and trade, regulate food promotion and advertising, and encourage the development of healthy food environments.

Numerous regional institutions and organizations have joined forces to promote food security and better nutrition in the region. This includes the collaboration of several specialized agencies to follow up on the United Nations Food Systems Summit, the process of updating the Plan for Food Security and Nutrition and the Eradication of Hunger of the Community of Latin American and Caribbean States (CELAC), and the work of the Parliamentary Front against Hunger in Latin America and the Caribbean, among others.

At a critical moment, halfway to the deadline to achieve the goals of the 2030 Agenda for Sustainable Development, Latin America and the Caribbean must create the conditions to accelerate compliance with the targets of SDG 2 and the indicators established at the Second International Conference on Nutrition (ICN2). In this regard, it is necessary to improve access to nutritious foods and close gaps between countries with a special focus on the most vulnerable groups. The capacity of Latin America and

the Caribbean as a food-producing region is, and will continue to be, an essential pillar on this path and for global food security.

We hope that this report will be an important contribution to placing the eradication of hunger and the reduction of all forms of malnutrition at the center of investments and public policies in the region. We will not be able to address inequalities in Latin America and the Caribbean, or move towards a more just region, without guaranteeing food security and nutrition. Let's continue working together to leave no one behind.

Mario Lubetkin
**Regional Representative for
Latin America and the
Caribbean Food and Agriculture
Organization of the United
Nations (FAO)**

Jarbas Barbosa
**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
United Nations World
Food Programme (WFP)
for Latin America and the
Caribbean**

Garry Conille
**Regional Director of the United Nations
Children's Fund (UNICEF) for Latin America and
the Caribbean**

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

ACKNOWLEDGEMENTS

The Regional Overview of Food Security and Nutrition in Latin America and the Caribbean 2023 has been jointly prepared by the Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP).

The current edition was developed under the coordination of Daniela Godoy (FAO), with the general guidance of Maya Takagi (FAO). The development of the report was supervised by a steering committee consisting of representatives from the five co-publishing partners: Daniela Godoy (FAO), Isabel de la Peña (IFAD), Leo Nederveen (PAHO/WHO), Paula Veliz (UNICEF) and Carla Mejía (WFP). In addition, Israel Ríos (FAO), Yvette Fautsch (UNICEF), Maaïke Arts (UNICEF), Alonda Aragón (PAHO/WHO) and Fabio da Silva Gomes (PAHO/WHO) contributed to the coordination of the report and provided technical support. The heads and senior staff of the five co-authoring agencies also provided valuable feedback and were responsible for final approval of the report.

The report was drafted by Daniela Godoy, Sandra Caprile, Nicolás Coppellotti and Karla Santos from FAO.

Thanks are due to Máximo Torero and José Rosero from FAO headquarters, for their guidance in terms of structure and content of the report, and to Olivier Lavagne d'Ortigue for providing support on data visualization. We are also grateful to Vaishali Bansal, Giovanni Carrasco Azzini, Valentina Conti, Adeeba Ishaq, Anne Kepple, Olivier Lavagne d'Ortigue, Hernán Muñoz, Sara Viviani and Trudy Wijnhoven for their valuable comments and feedback.

Finally, thanks are also due to María Elena Álvarez, Esperanza Gatica, Mariela Ramírez, Diana Rosero, Maximiliano Valencia, Mariana Young, and to the external consultants Julian Dowling, Sofía Ortuzar and Pablo Rivas, for their support in editing, layout, translation and dissemination of the document.

ABBREVIATIONS

BMI	body mass index
FAO	Food and Agriculture Organization of the United Nations
FIES	Food Insecurity Experience Scale
IFAD	International Fund for Agricultural Development
PAHO	Pan American Health Organization
PoU	prevalence of undernourishment
PPP	purchasing power parity
SDGs	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

- Progress was made in Latin America and the Caribbean in the fight against hunger and food insecurity, driven by improvements in South America. Between 2021 and 2022, a decrease was observed in the prevalence of both conditions in South America, while in Mesoamerica the prevalence of hunger remained the same and the prevalence of moderate or severe food insecurity increased slightly. In the Caribbean, the prevalence of both conditions increased.
- Hunger affected 6.5 percent (43.2 million people) of the population in the region. In addition, the prevalence of moderate or severe food insecurity was higher than the world estimate.
- Globally, the prevalence of hunger remained relatively stable between 2021 and 2022, affecting 9.2 percent of the world population in 2022. In Latin America and the Caribbean, the prevalence decreased from 7 percent in 2021 to 6.5 percent in 2022, but it was still 0.9 percentage point above the level registered in 2019 before the COVID-19 pandemic.
- The prevalence of moderate or severe food insecurity was higher in the region compared to the world estimate. In 2022, 37.5 percent of the region's population was affected, compared to 29.6 percent globally. However, the prevalence of this condition in the region decreased compared to the previous year, while worldwide it remained constant.
- In 2022, 247.8 million people in the region experienced moderate or severe food insecurity, which represents a decrease of 16.5 million people compared to the previous year. By subregion, this estimate includes 159 million people in South America, 61.9 million in Mesoamerica and 26.9 million in the Caribbean.
- Severe food insecurity affected 12.6 percent of the population (83.4 million people) in the region. In South America, the prevalence was 12.7 percent (55.4 million people), in Mesoamerica it was 8.6 percent (15.4 million), and in the Caribbean 28.2 percent (12.5 million).
- Persistent inequalities in the region have a significant impact on the food security of the most vulnerable. The prevalence of moderate or severe food insecurity continues to affect women more than men; the gender gap narrowed in the region between 2021 and 2022 but was still 9.1 percentage points. In addition, moderate or severe food insecurity was 8.3 percentage points higher in rural areas than in urban areas in 2022.

1.1 PREVALENCE OF UNDERNOURISHMENT

The Food and Agriculture Organization of the United Nation's (FAO) prevalence of undernourishment (PoU) indicator is derived from official country data on food supply, food consumption and dietary energy needs in the population, considering such demographic characteristics as age, sex and levels of physical activity.¹ Designed to capture a chronic state of energy deprivation, it does not reflect the short-lived effects of temporary crises or a temporarily inadequate intake of essential nutrients. FAO strives always to improve the accuracy of the PoU estimates by taking into account new information; 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 (FAO, IFAD, UNICEF, WFP and WHO, 2019).

In 2022, hunger in the world, as defined by the PoU indicator, remained at levels higher than those registered prior to the COVID-19 pandemic, with the global prevalence between 8.7 and 9.8 percent. Considering the mid-point of this range, 9.2 percent of the world population was undernourished in 2022, which is 1.3 percentage points higher than in 2019.

By contrast, in Latin America and the Caribbean, the prevalence of hunger was significantly lower than the world estimate, affecting 6.5 percent of the population in 2022 (TABLE 1).² Although a decrease of 0.5 percentage point compared to 2021 was observed, it was still 0.9 percentage point above the level in 2019 (FIGURE 1).

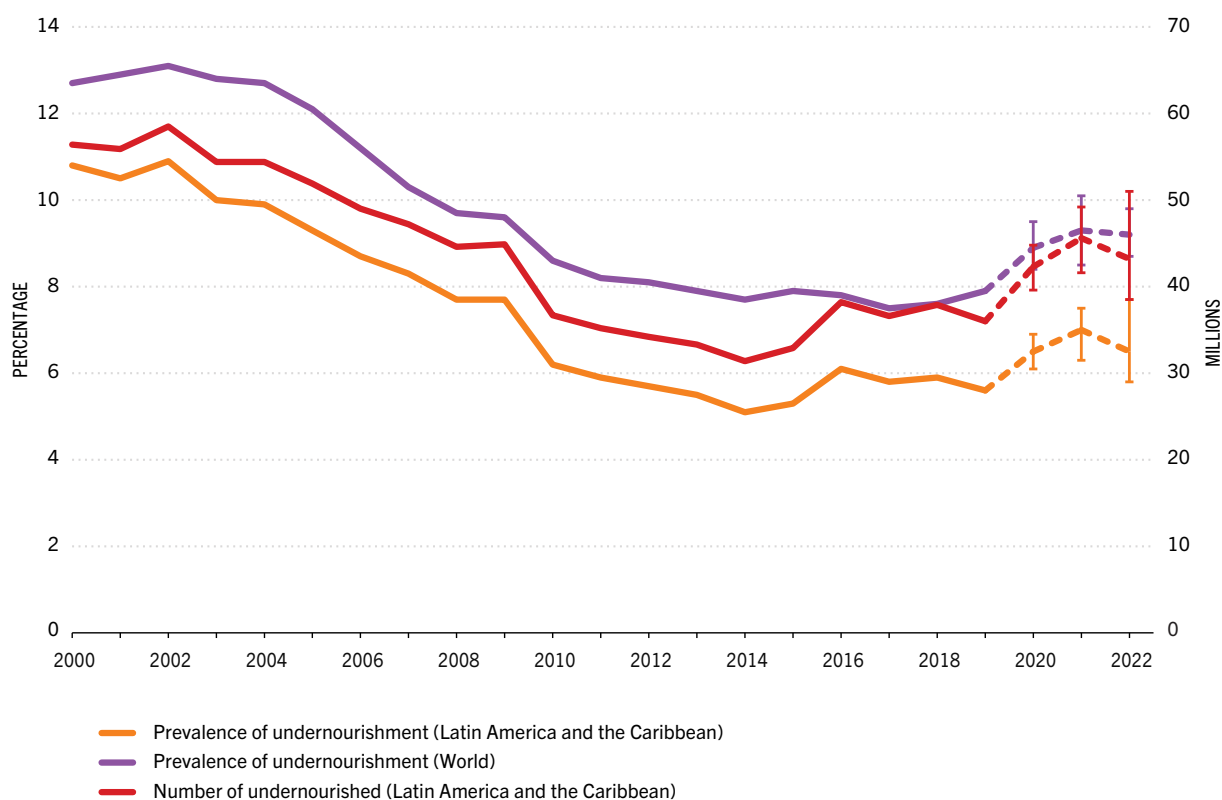
The number of people affected by hunger in the region is estimated to be between 38.5 million and 51 million. Considering the mid-range of this estimate, 43.2 million people suffered from hunger in 2022, which represents a reduction of 2.4 million people compared to the previous year. However, in 2022 there were still 7.2 million more people suffering from hunger than before the pandemic in 2019 (FIGURE 1).

¹ In this report, as hunger is measured based on the prevalence of undernourishment, hunger and undernourishment are used as synonyms.

² The regional prevalence of undernourishment for 2022 has been estimated at between 5.8 and 7.7 percent.

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



Note: The values for 2020 to 2022 are projections.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>.

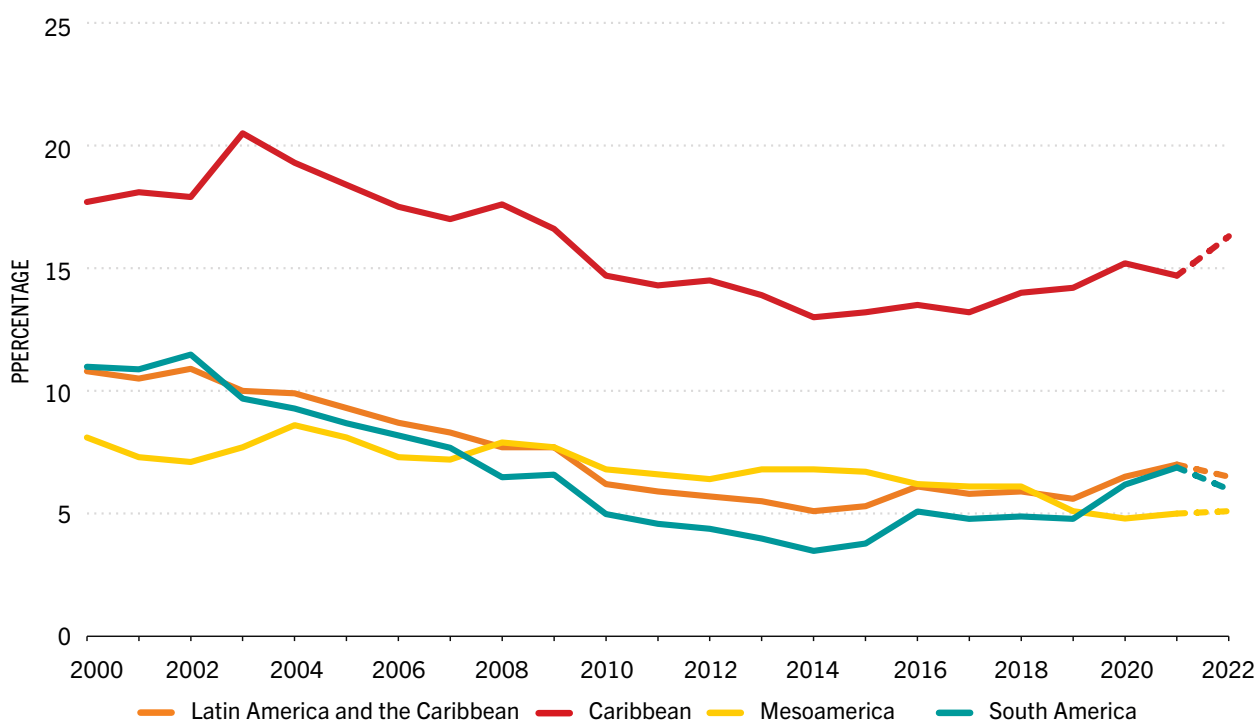
The prevalence of hunger in the region decreased from 2021 to 2022 but remained far above pre-pandemic levels and considerably higher compared to 2015, the year the 2030 Sustainable Development Agenda was launched. The percentage of the population suffering from undernourishment rose from 5.6 to 6.5 percent between 2019 and 2020, during the COVID-19 pandemic, and reached 7 percent in 2021. However, an encouraging turnaround in this trend was observed in 2022, with the prevalence of hunger falling to 6.5 percent.

At the subregional level, different trends were observed. In South America, the prevalence of hunger in 2022 was 6.1 percent, which represents a reduction of 0.9 percentage point compared to the previous year. This decrease is associated with better performance of the labour market and social protection policies implemented by the countries of the region, together with an increase in the price of energy inputs that benefited the exporting countries of South America (FAO, IFAD, UNICEF, WFP and WHO, 2023). Despite this reduction, the prevalence of hunger is still 1.2 percentage points above the 2019 level. In the subregion, the prevalence of hunger in the years prior to the COVID-19 pandemic had increased significantly, rising from 3.6 percent in 2014 to 4.9 percent in 2019, a situation that worsened with the start of the pandemic in 2020 (FIGURE 2).

On the other hand, the Mesoamerica subregion showed a different trend compared to the rest of the region. Before the start of the COVID-19 pandemic, the prevalence of hunger in the subregion had been decreasing; specifically, it fell by 2 percentage points to 4.8 percent in 2020 compared to 2014. However, it rose to 5.0 percent in 2021 and then increased slightly to 5.1 percent in 2022 (FIGURE 2).

Finally, in the Caribbean, countries were affected by the rise in food prices due to their high dependence on food imports. Furthermore, key economic sectors, such as tourism, have also been affected since the start of the COVID-19 pandemic, which has decreased the purchasing power of households (FAO, IFAD, UNICEF, WFP and WHO, 2023). Thus, between 2021 and 2022, the prevalence of hunger in the Caribbean increased by 1.6 percentage points, reaching a prevalence of 16.3 percent in 2022. In addition, as seen in FIGURE 2, the prevalence of hunger in the subregion has been on the rise since 2014. Between 2014 and 2022, it increased by 3.3 percentage points, and showed the highest increase, of 2.1 percentage points, between 2019 and 2022.

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



Note: The values for 2020 to 2022 are projections.
Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 1

Prevalence of undernourishment (percent)

	2000	2010	2014	2019	2020	2021	2022
World	12.7	8.6	7.7	7.9	8.9	9.3	9.2
Latin America and the Caribbean	10.8	6.2	5.1	5.6	6.5	7.0	6.5
Caribbean	17.7	14.7	13.0	14.2	15.2	14.7	16.3
Mesoamerica	8.1	6.8	6.8	5.1	4.8	5.0	5.1
South America	11.1	5.1	3.6	4.9	6.3	7.0	6.1

Note: The values for 2020 to 2022 are projections.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: *FAO*. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

In Latin America and the Caribbean, undernourishment affected 43.2 million people in 2022, of which 26.8 million live in South America, 9.1 million in Mesoamerica and 7.2 million in the Caribbean (TABLE 2). As can be seen in FIGURE 3, hunger showed a significant increase in the region in 2016, which then worsened in 2020 with the start of the pandemic. Although the number of people suffering from hunger in the region decreased by 2.4 million in 2022 compared to the previous year, there were still 7.2 million more undernourished people than in 2019.

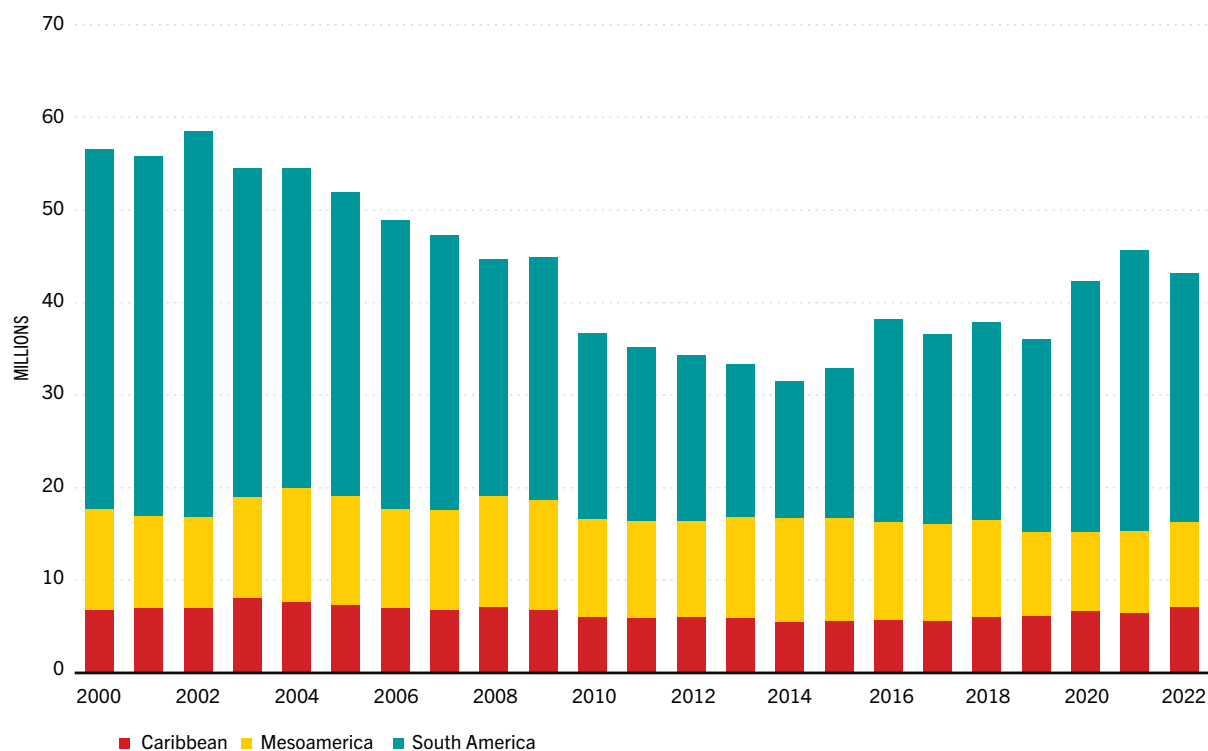
In South America, the number of people suffering from hunger decreased by 3.5 million in 2022 compared to the previous year. However, the subregion still registered an additional 6 million undernourished people compared to 2019. It should be noted that, in 2022, South America accounted for 62 percent of undernourished people in the region, up from 47 percent in 2014.

In Mesoamerica, 9.1 million people were affected by hunger in 2022, representing 21 percent of undernourished people in the region, down from 36 percent in 2014. Between 2014 and 2019 the number of hungry people in the subregion decreased by 2.3 million, but in the period from 2019 to 2022 there were no significant variations in the prevalence of this condition.

Finally, in the Caribbean, a total of 7.2 million people faced hunger in 2022, representing nearly 17 percent of the regional total. The number of undernourished people also increased by 700 000 from 2021, and by one million compared to 2019.

FIGURE 3

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



Note: The values for 2020 to 2022 are projections.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 2

Number of undernourished people (millions)

	2000	2010	2014	2019	2020	2021	2022
World	781.7	597.8	563.9	612.8	701.4	738.8	735.1
Latin America and the Caribbean	56.4	36.7	31.4	36.0	42.3	45.6	43.2
Caribbean	6.8	6.1	5.5	6.2	6.7	6.5	7.2
Mesoamerica	10.9	10.6	11.3	9.0	8.5	8.9	9.1
South America	38.8	20.0	14.7	20.8	27.1	30.3	26.8

Note: The values for 2020 to 2022 are projections.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

Latin America and the Caribbean presents considerable differences in terms of the prevalence of undernourishment at the national level (three-year averages) (FIGURE 4).³ During the 2020–2022 period, in the Caribbean subregion, Haiti had a prevalence of undernourishment of 45 percent, representing a total of 5.1 million people. At the opposite end of the scale in the subregion are Barbados and Cuba, with a prevalence of hunger below 2.5 percent, and Dominica, the Dominican Republic, and Saint Vincent and the Grenadines, with a prevalence of 6.7, 6.3, and 3.1 percent, respectively.

In Mesoamerica, Honduras showed the highest prevalence of undernourishment, with 18.7 percent of the population facing hunger in the period 2020–2022, followed by Nicaragua (17.8 percent) and Guatemala (13.3 percent), which in absolute terms represented 1.9 million, 1.2 million and 2.3 million hungry people, respectively. By contrast, countries like Mexico (less than 2.5 percent), Costa Rica (3 percent) and Belize (4.9 percent) had the lowest prevalence of undernourishment.

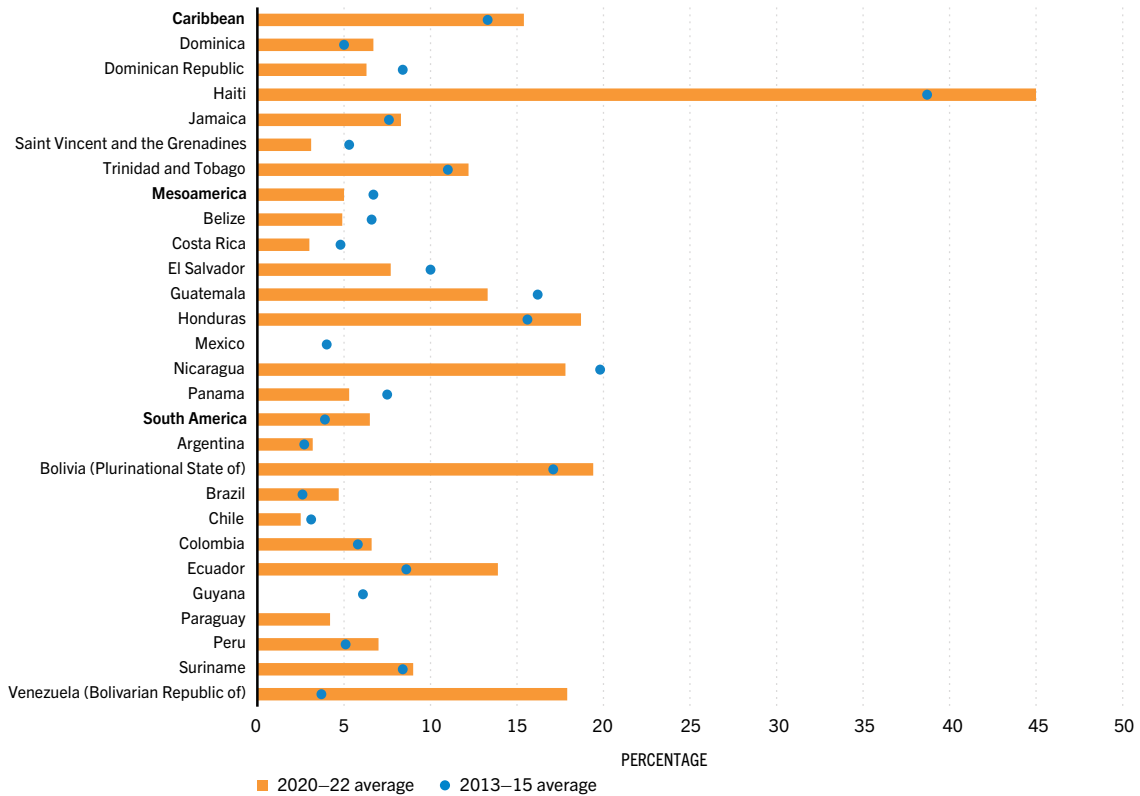
In South America, the Plurinational State of Bolivia had the highest prevalence of hunger (19.4 percent), followed by the Bolivarian Republic of Venezuela (17.9 percent) and Ecuador (13.9 percent), representing 2.3 million, 5.1 million and 2.5 million people, respectively. Among the countries with the lowest prevalence of undernourishment in the subregion were Brazil (4.7 percent), Argentina (3.2 percent), Chile (2.5 percent), and Guyana and Uruguay (both below 2.5 percent).

When analysing the trend in the prevalence of hunger in recent years, different realities can be observed in the countries of the region. On the one hand, between the trienniums 2013–2015 and 2020–2022 some countries, such as the Bolivarian Republic of Venezuela and Ecuador, showed increases of 14.2 and 5.3 percentage points, respectively. As energy commodities exporters, the increase in these two countries could be explained due to the important drop in energy commodities prices starting in 2014 that affected their economies (Fajardo-Ronquillo, 2020). Haiti is another country that showed an important increase of 6.3 percentage points in the prevalence of undernourishment. On the other hand, in the same period, 12 countries in the region reduced the prevalence of hunger, seven of which are in Mesoamerica. In fact, Honduras was the only country in the Mesoamerica subregion that had a higher prevalence of undernourishment in 2020–2022 compared to 2013–2015 (FIGURE 4).

In the 2020–2022 triennium, compared to the 2017–2019 period prior to the pandemic, the Bolivarian Republic of Venezuela showed a decrease in hunger of 4.8 percentage points, and in Guyana and Mexico the prevalence of hunger fell to below 2.5 percent. However, in the same period, hunger in the Plurinational State of Bolivia increased by 5.6 percentage points, while in Honduras and Haiti it rose by 4.6 and 2.8 percentage points, respectively (ANNEX I, Tables 17 and 18).

³ See Tables 17 and 18 in Annex I.

FIGURE 4
Prevalence of undernourishment in Latin America and the Caribbean by country and subregion



Note: The values for 2020 to 2022 are projections. The PoU was less than 2.5 percent for Paraguay in 2013–2015, for Guyana and Mexico in 2020–2022, and for Barbados, Cuba and Uruguay (not shown in figure) in both periods.
Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: *FAO*. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

1.2 PREVALENCE OF FOOD INSECURITY BASED ON THE FOOD INSECURITY EXPERIENCE SCALE (FIES)

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

Moderate or severe food insecurity affected 29.6 percent of the world population in 2022, while severe food insecurity affected 11.3 percent. However, in recent years, the prevalence has remained stable, after the significant increase registered in 2020.

In Latin America and the Caribbean, the prevalence of moderate or severe food insecurity decreased by 2.8 percentage points in 2022 compared to the previous year (FIGURE 5). This means that 16.5 million fewer people faced food insecurity in the region (TABLE 4). Despite this improvement, there is still work to be done. The prevalence of food insecurity is still high, standing at 37.5 percent in the region, almost 8 percentage points above the global level. Moreover, the prevalence in 2022 was 6 percentage points above that registered in 2019 (TABLE 3), which means that an additional 44 million people suffer from moderate or severe food insecurity.

In South America, more than a third (36.4 percent) of the population suffered from moderate or severe food insecurity in 2022 (TABLE 3). Compared to 2021, the prevalence was reduced by 4.5 percentage points (FIGURE 5), equivalent to a decrease of 18.4 million in the number of people affected (TABLE 4). However, the prevalence in the subregion was still 6.5 percentage points above that of 2019, which means an additional 30 million people suffered from moderate or severe food insecurity compared to the number before the pandemic.

In Mesoamerica, the prevalence of moderate or severe food insecurity reached 34.5 percent in 2022, which was 0.4 percentage point – or 1.3 million people – higher than in 2021. In addition, the prevalence in the subregion was 6.3 percentage points above the level registered in 2019. Prior to the pandemic, between 2015 and 2019, the subregion had shown a decrease of 2 percentage points in the prevalence of food insecurity (TABLE 3).

In the Caribbean, 60.6 percent of the population was moderately or severely food insecure in 2022. Although this implies an increase compared to 2021 of 1.1 percentage points, it is important to note that this prevalence was 4.8 percentage points lower than that observed in 2020 (FIGURE 5).

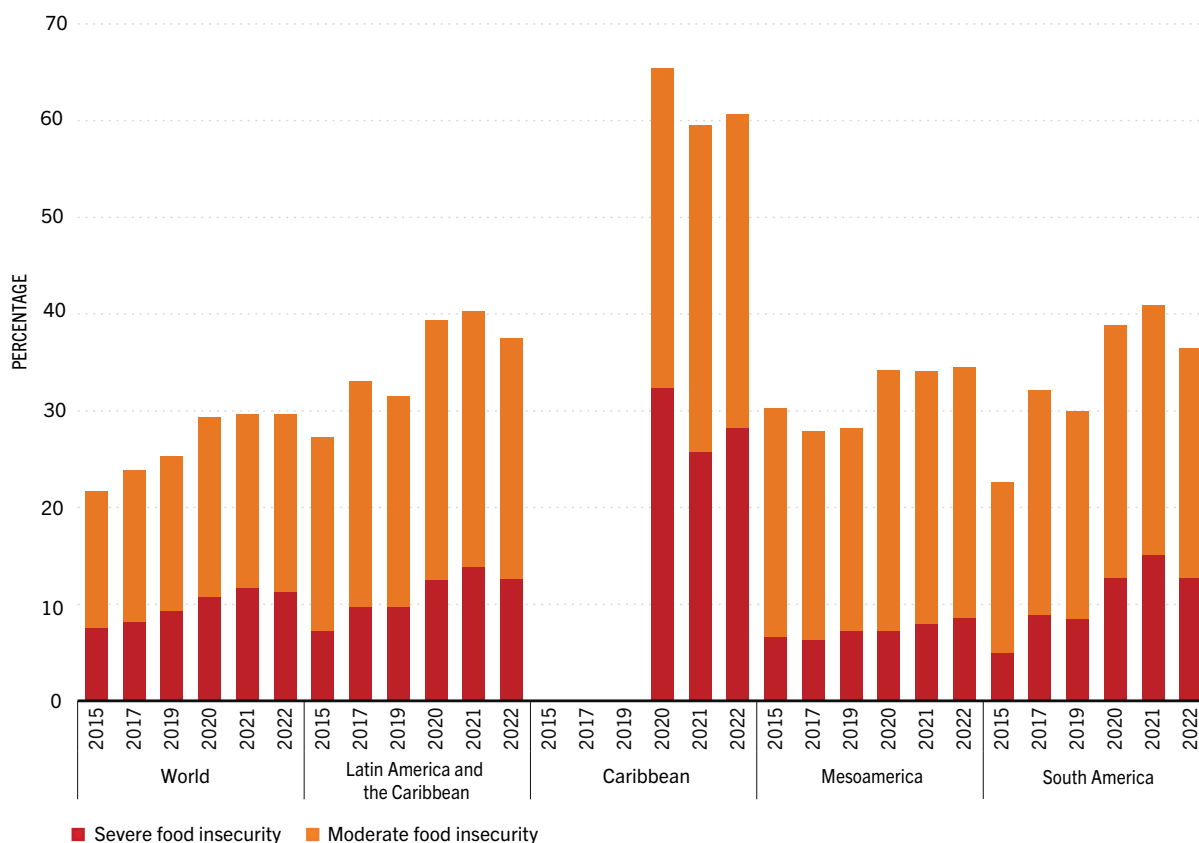
In terms of severe food insecurity, the prevalence in Latin America and the Caribbean was 12.6 percent in 2022, a little more than one percentage point above the global prevalence. As seen in FIGURE 5, the prevalence showed a reduction of 1.3 percentage points compared to 2021, which means that the number of people affected decreased by 7.7 million (TABLE 5). However, it was almost 3 percentage points – or 20 million people – above the prevalence of severe food insecurity registered in 2019.

In South America, the prevalence of severe food insecurity was 12.7 percent in 2022. Between 2021 and 2022, it showed a reduction of 2.4 percentage points, or 10 million people. Despite this decrease, the prevalence of severe food insecurity is still high (FIGURE 5), and is 4.2 percentage points – or 18.9 million people – higher than that registered in 2019.

In Mesoamerica, severe food insecurity affected 8.6 percent of the population in 2022, which was below the world estimate and the average of the two other subregions. In 2022, it registered an increase of 0.6 percentage point compared to the previous year and is still 1.3 percentage points above the prevalence in 2019, which represents an additional 2.6 million people affected since before the start of the pandemic.

In the Caribbean, severe food insecurity affected 28.2 percent of the population in 2022. Although the prevalence increased compared to the previous year, it was still 4.2 percentage points lower than the figure observed in 2020, which means 1.7 million fewer people suffered from severe food insecurity in this subregion.

FIGURE 5
Prevalence of food insecurity in Latin America and the Caribbean by subregion



Note: See Annex III for details about years of data availability and population coverage for the Caribbean.
Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 3

Prevalence of food insecurity (percent)

	Prevalence of severe food insecurity					Prevalence of moderate or severe food insecurity				
	2015	2019	2020	2021	2022	2015	2019	2020	2021	2022
World	7.6	9.3	10.8	11.7	11.3	21.7	25.3	29.4	29.6	29.6
Latin America and the Caribbean	7.3	9.7	12.5	13.9	12.6	27.3	31.5	39.3	40.3	37.5
Caribbean	n.a.	n.a.	32.4	25.7	28.2	n.a.	n.a.	65.4	59.5	60.6
Mesoamerica	6.7	7.3	7.3	8.0	8.6	30.3	28.2	34.2	34.1	34.5
South America	5.0	8.5	12.7	15.1	12.7	22.6	29.9	38.8	40.9	36.4

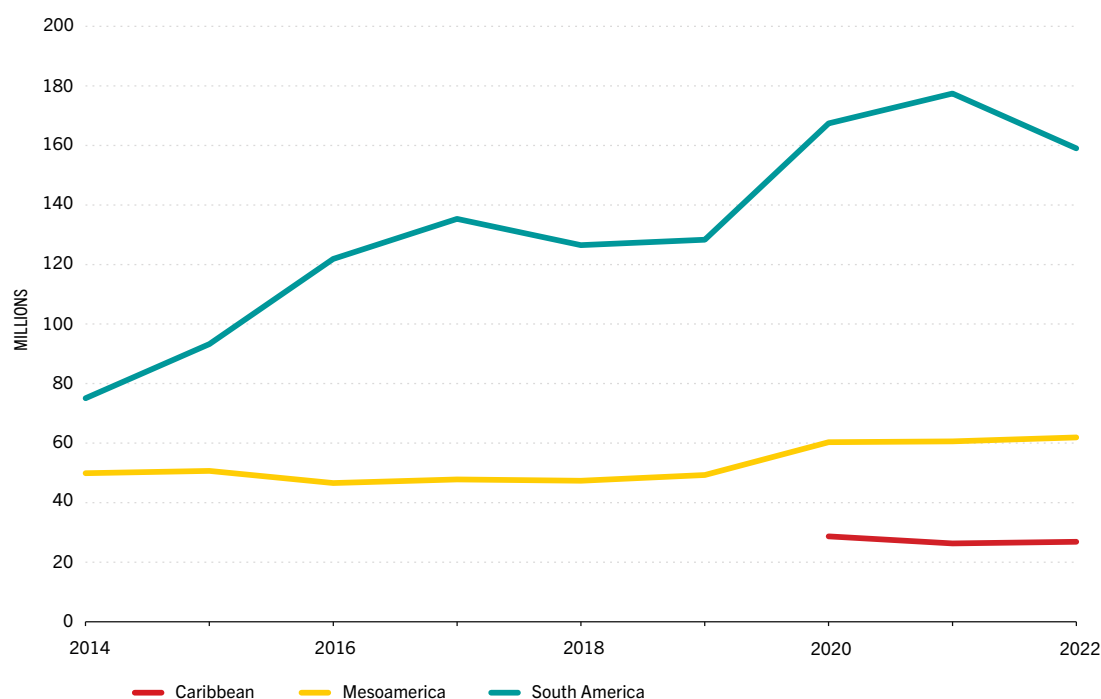
Notes: n.a. = not available. See Annex III for details about years of data availability and population coverage for the Caribbean.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

In Latin America and the Caribbean, moderate or severe food insecurity affected 247.8 million people in 2022. Of this total, 64 percent, or 159 million people, were in South America. In Mesoamerica, 61.9 million people were affected, while in the Caribbean 26.9 million people suffered from this condition (TABLE 4). It should be noted that the number of people affected by severe food insecurity in the region represents a third of the total number affected by food insecurity in the region. This means that, during 2022, 83.4 million people ran out of food, experienced hunger, or were forced to go days without eating. In South America, 55.4 million people were severely food insecure, in Mesoamerica 15.4 million and in the Caribbean 12.5 million (TABLE 5).

FIGURE 6

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



Note: See Annex III for details about years of data availability and population coverage for the Caribbean.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 4

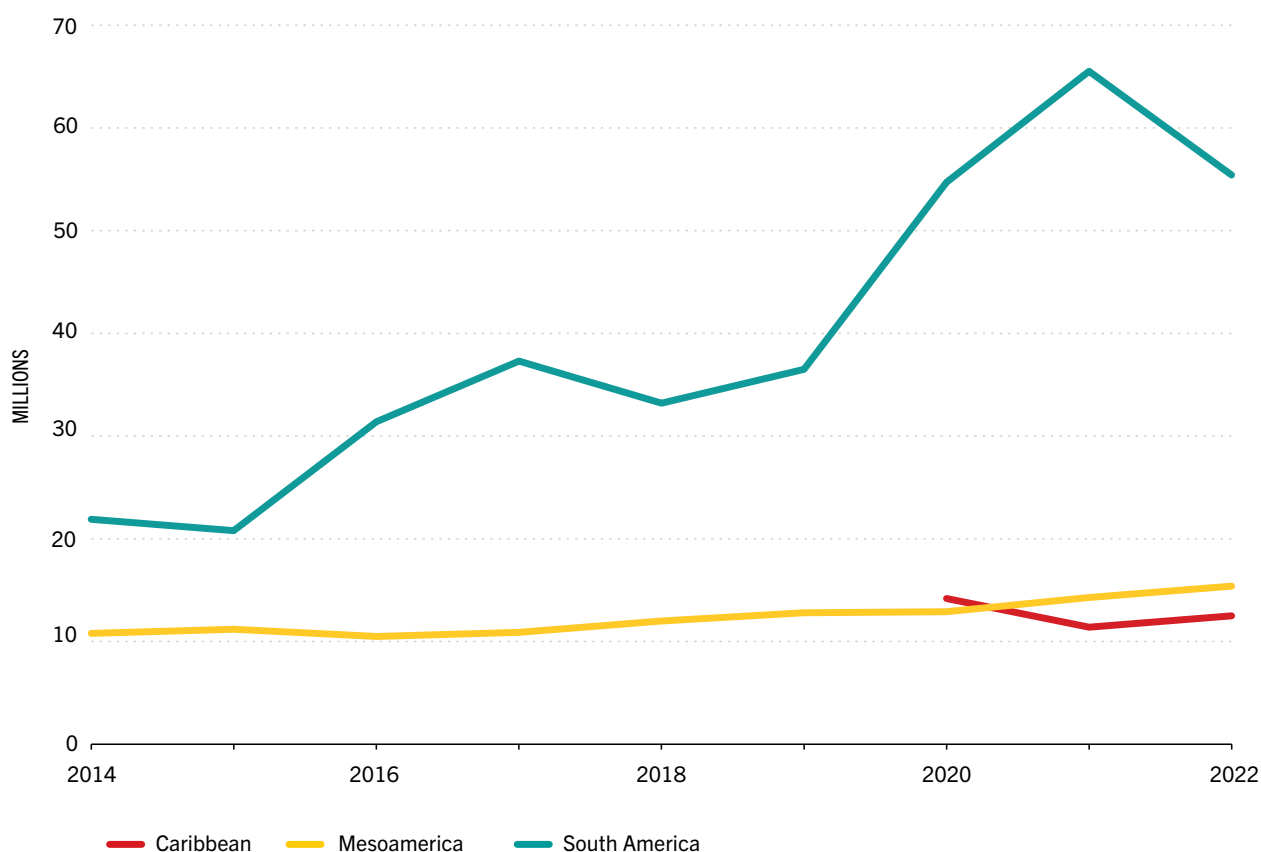
Number of moderately or severely food insecure people (millions)

	2015	2017	2019	2020	2021	2022
World	1 612.4	1 817.0	1 966.4	2 307.2	2 342.5	2 356.9
Latin America and the Caribbean	169.8	209.7	203.8	256.4	264.3	247.8
Caribbean	n.a.	n.a.	n.a.	28.7	26.3	26.9
Mesoamerica	50.7	47.8	49.3	60.3	60.6	61.9
South America	93.3	135.3	128.3	167.4	177.4	159.0

Notes: n.a. = not available. See Annex III for details about years of data availability and population coverage for the Caribbean.

 Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>
FIGURE 7

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



Note: See Annex III for details about years of data availability and population coverage for the Caribbean.

 Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 5

Number of severely food insecure people (millions)

	2015	2017	2019	2020	2021	2022
World	561.5	623.8	719.8	850.7	927.3	900.1
Latin America and the Caribbean	45.3	61.7	62.5	81.8	91.1	83.4
Caribbean	n.a.	n.a.	n.a.	14.2	11.4	12.5
Mesoamerica	11.2	10.9	12.8	12.9	14.3	15.4
South America	20.8	37.3	36.5	54.7	65.5	55.4

Notes: n.a. = not available. See Annex III for details about years of data availability and population coverage for the Caribbean.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

FIGURE 8⁴ shows the prevalence of moderate or severe food insecurity at the national and subregional levels (three-year averages) while making it possible to analyse the evolution of this indicator over time by comparing the prevalence in different countries and subregions in the most recent triennium of the analysis (2020–2022) against a previous triennium (2014–2016).

The Caribbean was the subregion with the highest prevalence of moderate or severe food insecurity during the 2020–2022 triennium. In this period, Haiti was the country with the highest prevalence (82.6 percent), followed by Jamaica with 54.4 percent and the Dominican Republic with 52.1 percent. In Trinidad and Tobago, the prevalence was 43.3 percent, while in Barbados, Saint Vincent and the Grenadines, and Antigua and Barbuda about a third of the population suffered from moderate or severe food insecurity. At the other end of the scale, Grenada and the Bahamas showed the lowest prevalence with 21.1 and 17.2 percent, respectively.

In Mesoamerica, more than half of the population in Guatemala and Honduras suffered from moderate or severe food insecurity followed by Belize and El Salvador, which both had a prevalence greater than 45 percent. Mexico and Costa Rica showed the lowest prevalence of moderate or severe food insecurity in the subregion, with a prevalence of 27.6 and 16.2 percent, respectively.

In South America, Argentina, Brazil, Ecuador and Suriname, approximately one third of the population suffered from moderate or severe food insecurity. Chile and Uruguay had the lowest prevalence with 18.1 and 15.2 percent, respectively.

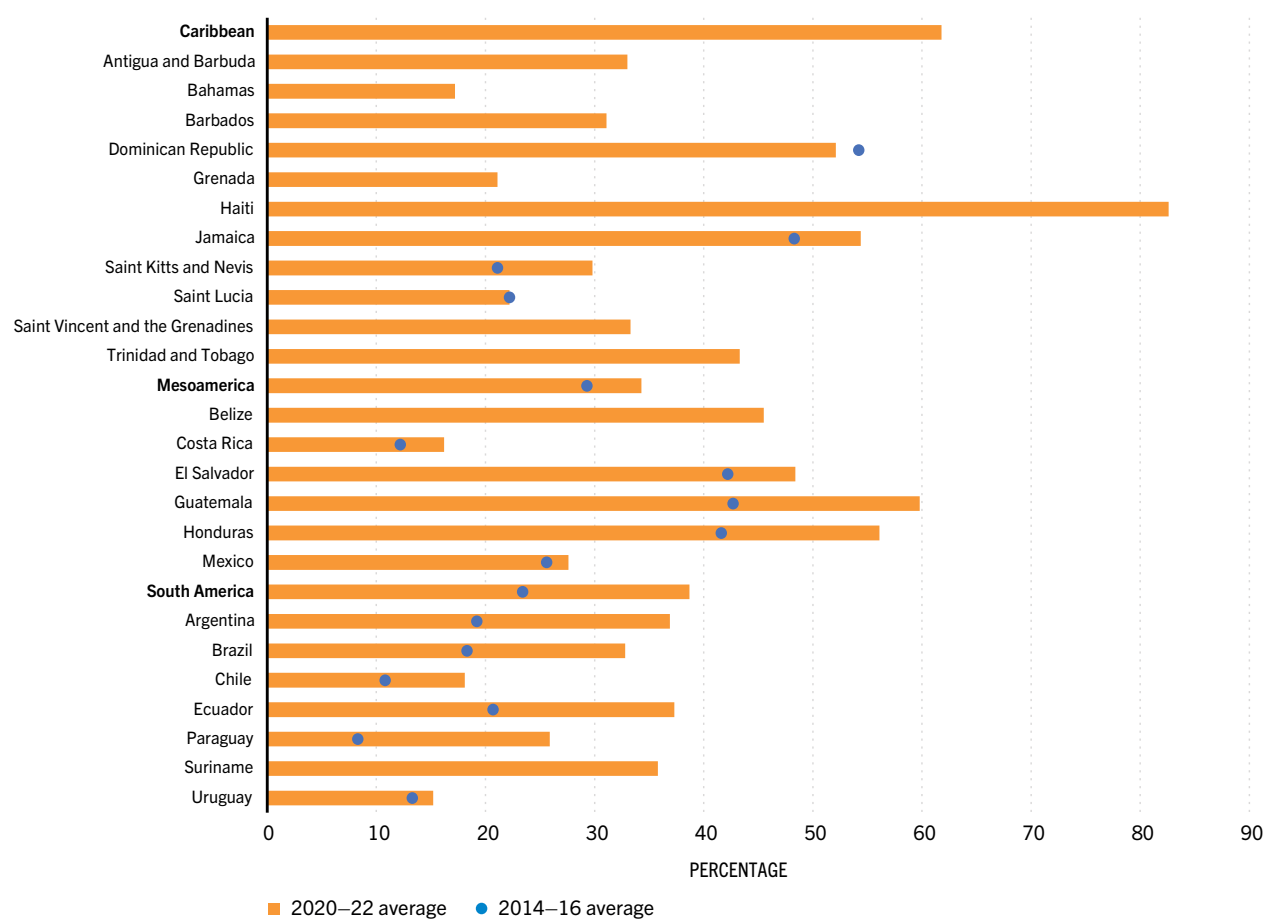
When compared with the 2014–2016 triennium, it is observed that most of the countries in the region experienced increases in the prevalence of moderate or severe food insecurity in the period 2020–2022. Argentina, Paraguay and Guatemala showed the largest increases, with the prevalence up by more than 17 percentage points in each country. However, the Dominican Republic managed to reduce food insecurity in the same period by 2.1 percentage points (**FIGURE 8**).

⁴ See Tables 19 and 20 of Annex I.

In addition, when comparing the 2020–2022 triennium with the 2017–2019 period before the outbreak of the pandemic, important changes can be observed in several countries. In Honduras, the prevalence of moderate or severe food insecurity increased 15.2 percentage points, in Guatemala it rose 14.6 percentage points, and in Brazil 12.2 percentage points. Also, Belize, Saint Kitts and Nevis, Jamaica and El Salvador experienced an increase in the prevalence of moderate or severe food insecurity of 9.8, 8.7, 8.6 and 6.2 percentage points, respectively (TABLE 19).

FIGURE 8

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



Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

The persisting inequalities across the world negatively affect food security and nutrition for the most vulnerable. A clear example is the gender gap, since the prevalence of moderate or severe food insecurity in adults aged 15 or more continues to disproportionately affect women compared to men.⁵

According to FAO data (2023), 57 percent of the gender gap may be explained by disparities in education, full-time employment and participation in the labour force.

FIGURE 9 illustrates that the gap in moderate or severe food insecurity is higher in Latin America and the Caribbean than in other regions. Globally, the prevalence of moderate or severe food insecurity in women exceeded the prevalence in men by 2.4 percentage points in 2022, while in the region this difference was 9.1 percentage points.

Due to the consequences of the pandemic, the gap in the prevalence of food insecurity between women and men increased considerably, which was observed in the period 2020–2021 at both the global and regional level. In 2022, despite showing a reduction compared to the previous year of 2.4 percentage points, the gap in the region is still higher than it was before the pandemic, which affected women's income and economic activities to a greater degree. In 2019, the prevalence of moderate or severe food insecurity was 6.2 percentage points higher for women than men, while in 2022, this difference was 9.1 percentage points (**TABLE 6**).

In South America, the gap in the prevalence of food insecurity between women and men in 2022 was 9.6 percentage points, while in Mesoamerica it was 9.2 percentage points. In the Caribbean the difference was much lower at 3.9 percentage points.

Furthermore, the prevalence of severe food insecurity in the region also shows differences between women and men, although the gap is much smaller compared to the difference in moderate or severe food insecurity, reaching 2.6 percentage points in 2022. In South America, this difference was 2.9 percentage points, in Mesoamerica 2.0 percentage points, and in the Caribbean 3.1 percentage points (**FIGURE 9**).⁶

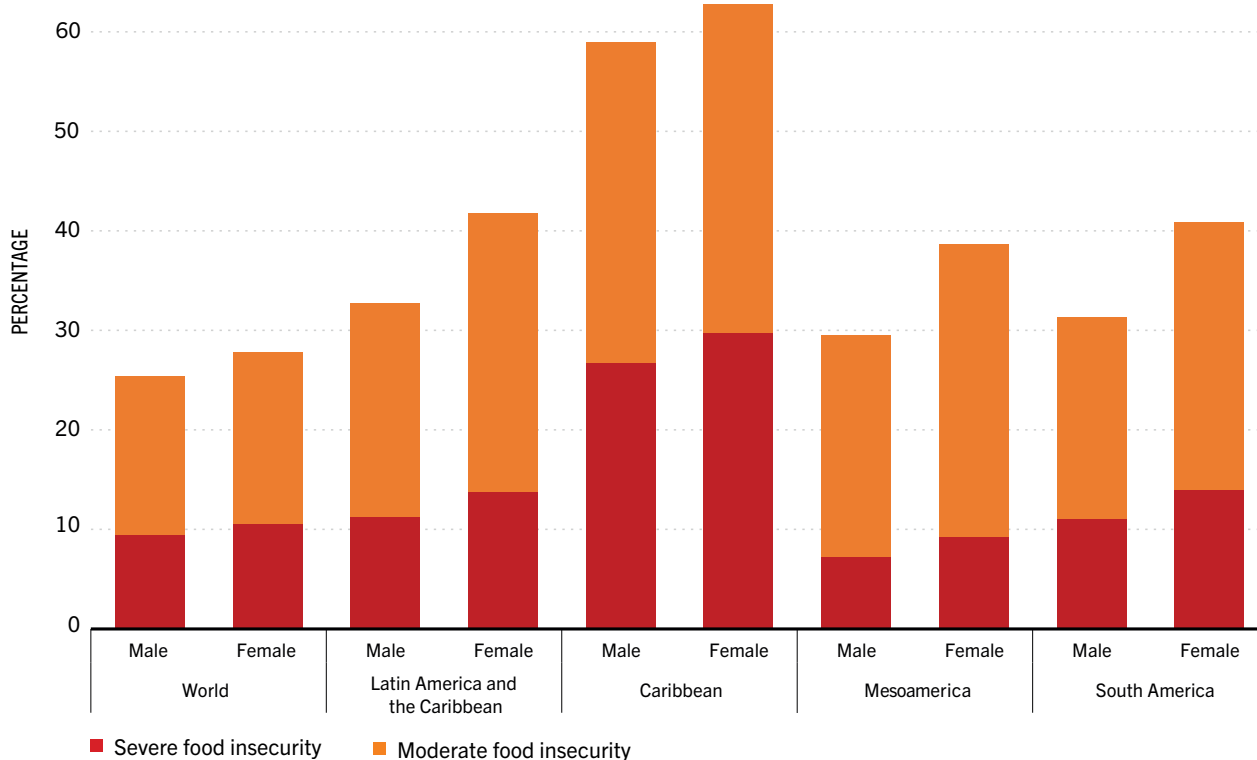
Another example of the effects of inequality on food security and nutrition is shown by the gaps between rural, peri-urban and urban areas. This reality could be explained by disparities in wealth, education, health and non-road infrastructure services across rural and urban areas. At the global level, the prevalence of moderate or severe food insecurity increases as the degree of urbanization decreases.

⁵ The calculation of the prevalence of food insecurity by gender is possible since data is collected from individual respondents (adults aged 15 years or older).

⁶ See Table 21 in Annex I.

In Latin America and the Caribbean, the difference between rural and urban areas in terms of the proportion of the population facing moderate or severe food insecurity was 8.3 percentage points in 2022, compared to a gap of 7.3 percentage points at the global level. As for the prevalence of severe food insecurity, the gap between rural and urban areas was 4.3 percentage points in the region compared to 3.4 percentage points in the world (TABLE 7) (FAO, IFAD, UNICEF, WFP and WHO, 2023).

FIGURE 9
Prevalence of moderate or severe food insecurity by sex (2022)



Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 6

Prevalence of food insecurity by sex (percent)

	Severe food insecurity						Moderate or severe food insecurity					
	Men			Women			Men			Women		
	2019	2020	2022	2019	2020	2022	2019	2020	2022	2019	2020	2022
World	7.9	9.1	9.5	8.6	10.3	10.6	22.1	25.4	25.4	23.7	28.0	27.8
Latin America and the Caribbean	8.5	11.4	11.2	10.4	13.4	13.8	28.0	34.3	32.7	34.2	43.8	41.8
Caribbean	n.a	31.4	26.7	n.a	33.5	29.8	n.a	63.6	58.9	n.a	68.0	62.8
Mesoamerica	6.6	6.1	7.3	7.6	8.1	9.3	24.8	28.0	29.5	30.9	39.5	38.7
South America	7.2	11.5	11.1	9.3	13.5	14.0	26.3	33.8	31.3	32.7	43.1	40.9

Notes: n.a. = not available. See Annex III for details about years of data availability and population coverage for the Caribbean.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>**TABLE 7**

Prevalence of food insecurity by degree of urbanization (percent) (2022)

	Severe food insecurity			Moderate or severe food insecurity		
	Rural	Periurban	Urban	Rural	Periurban	Urban
World	12.8	11.6	9.4	33.3	28.8	26.0
Latin America and the Caribbean	14.4	12.6	10.1	40.4	38.6	32.1
Caribbean	28.0	21.7	20.8	57.8	48.6	47.3
Mesoamerica	11.9	9.9	5.9	43.5	37.6	27.8
South America	14.5	12.3	10.7	37.2	37.5	32.5

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>



CHAPTER 2

SUSTAINABLE DEVELOPMENT GOAL 2.2: MALNUTRITION

Key messages

- Latin America and the Caribbean faces a complex malnutrition problem that includes undernutrition (child stunting and wasting, and vitamin and mineral deficiencies), as well as overweight and obesity. The prevalence of overweight in children under 5 years of age in the region increased between 2000 and 2022, and the prevalence of obesity in adults increased between 2000 and 2016. Moreover, the prevalence of both conditions is higher than the global estimate, while some countries in the region still have a high prevalence of stunting in children under 5 years of age.
- In 2022, the prevalence of stunting in children under 5 years of age in the region was 11.5 percent and, although significant reductions have been achieved since 2000, the decline has been slowing down in recent years. Between 2000 and 2012, the prevalence decreased by nearly 5 percentage points, while in the period from 2012 to 2022 the reduction was only 1.2 percentage points. On the other hand, between 2020 and 2022, the prevalence of this form of malnutrition decreased slightly from 11.7 to 11.5 percent, respectively.
- Although progress has been made, no subregion is on track to achieve the 2025 World Health Assembly (WHA) and the 2030 Agenda for Sustainable Development targets for stunting. In addition, there were important differences between subregions. In South America, the prevalence of stunting in children under 5 years of age was 9 percent in 2022, while in Mesoamerica it was 16.9 percent and in the Caribbean 11.3 percent.
- The prevalence of wasting in Latin America and the Caribbean was 1.4 percent in 2022, significantly below the world estimate (6.8 percent). All subregions and most countries are on track to achieve the SDG 2030 target of maintaining wasting levels among children under 5 years of age below 3 percent.

- In Latin America and the Caribbean, the prevalence of overweight in children under 5 years of age reached 8.6 percent in 2022, which is 3 percentage points above the world estimate. In addition, the prevalence of this condition has been increasing faster in the region compared to world estimates, and it is the only region where no country with data available is on track to achieve the 2030 target of reducing overweight in children under 5 years of age to less than 3 percent.
- Between 2020 and 2022, in the context of the pandemic, the prevalence of overweight in children under 5 years of age increased slightly from 8.3 to 8.6 percent. In terms of the subregions, the greatest increase was in South America, while the prevalence increased slightly in Mesoamerica and remained stable in the Caribbean. In 2022, the prevalence of overweight in children under 5 years of age was 9.7 percent in South America, 6.7 percent in Mesoamerica, and 6.6 percent in the Caribbean.
- In the region, anaemia affected 17.2 percent of women aged 15 to 49 years in 2019, which is significantly below the world estimate of 29.9 percent. However, there are important differences between the subregions. In the Caribbean, 29.2 percent of women in this age group suffered from this condition, compared to 17.3 percent in South America and 14.6 percent in Mesoamerica.

This section reports on four global nutrition indicators: **stunting**, **wasting** and **overweight** in children under 5 years of age, and anaemia in women aged 15 to 49 years.

2.1 STUNTING AMONG CHILDREN UNDER 5 YEARS OF AGE

Stunting is a global indicator of nutrition that refers to a low height in relation to age and is the result of one or more past prolonged episodes of malnutrition. Children are defined as stunted if their height-for-age is two standard deviations below the median of WHO Child Growth Standards (FAO, IFAD, UNICEF, WFP and WHO, 2022).

Stunted growth and development are the result of poor maternal health and nutrition, inadequate infant and young child feeding practices, and recurrent infections interacting with a variety of other factors over a sustained period. This form of malnutrition affects the physical and cognitive development of children, increasing their vulnerability to infectious diseases and their risk of mortality. In addition, stunted children have an increased risk of becoming overweight or obese and developing non-communicable diseases (NCDs) later in life. This can affect labour productivity, income-earning potential and social skills later in life (FAO, IFAD, UNICEF, WFP and WHO, 2020; WHO, 2014a).

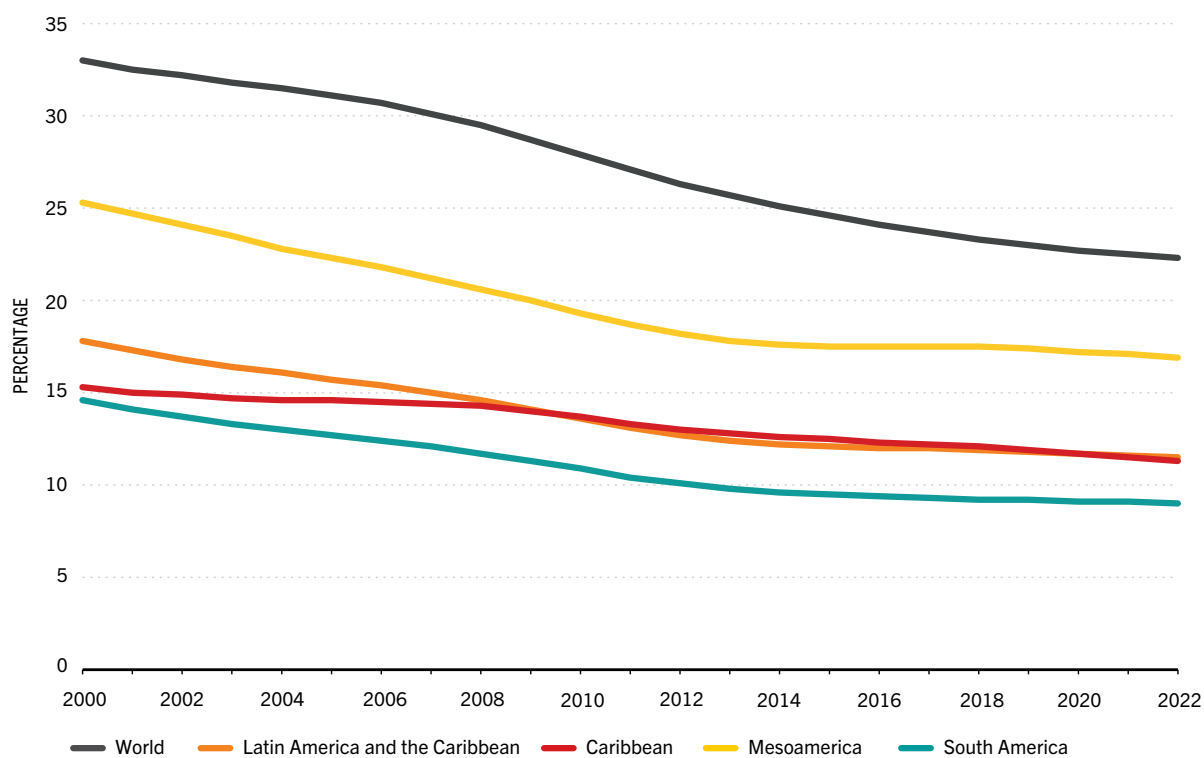
Globally, stunting affected 22.3 percent of children under 5 years of age in 2022. In Latin America and the Caribbean, the prevalence was 11.5 percent, which is significantly below the world estimate. Despite important reductions in the region (FIGURE 10), this decline has been slowing down. Between 2000 and 2022, the prevalence of stunting in the region decreased by 6.3 percentage points, compared to a reduction of only 1.2 percentage points in the period 2012–2022.

The region will not achieve the WHA 2025 or SDG 2030 targets of reducing by 40 and 50 percent, respectively, the number of children under 5 years of age who suffer from stunting (FIGURE 10). Only a third of the countries in Latin America and the Caribbean are on track to achieve this global nutrition target by 2030, showing important differences among countries of the region (UNICEF, WHO & World Bank, 2023).

Although progress has been made, there are important differences between subregions (TABLE 8) and no subregion is on track to achieve the 2025 WHA and 2030 SDG targets. In 2022, 5.7 million children under 5 years of age were stunted in the region, of which 2.8 million are in South America, 2.5 million in Mesoamerica, and 400 000 in the Caribbean (FAO, IFAD, UNICEF, WFP and WHO, 2023). In South America, the prevalence of stunting in children under 5 years of age in 2022 was 9 percent, showing a reduction of 1.1 percentage points compared to 2012. In Mesoamerica, the prevalence was 16.9 percent, representing a decrease of 1.3 percentage points in the same period. In the Caribbean, the prevalence was 11.3 percent, while between 2012 and 2022 the decrease was 1.7 percentage points. It is imperative that the region accelerates the downward trend in the prevalence of stunting in order to achieve the 2030 target.

FIGURE 10

Prevalence of stunting among children under 5 years of age in Latin America and the Caribbean by subregion



Source: UNICEF, WHO & World Bank. 2023. *UNICEF-WHO-World Bank: Joint child malnutrition estimates - Levels and trends (2023 edition)*. [Cited 24 April 2023]. <https://data.unicef.org/resources/jme-report-2023>

TABLE 8

Prevalence of stunting among children under 5 years of age (percent)

	2000	2005	2010	2012	2015	2020	2022
World	33.0	31.1	27.9	26.3	24.6	22.7	22.3
Latin America and the Caribbean	17.8	15.7	13.6	12.7	12.1	11.7	11.5
Caribbean	15.3	14.6	13.7	13.0	12.5	11.7	11.3
Mesoamerica	25.3	22.3	19.3	18.2	17.5	17.2	16.9
South America	14.6	12.7	10.9	10.1	9.5	9.1	9.0

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

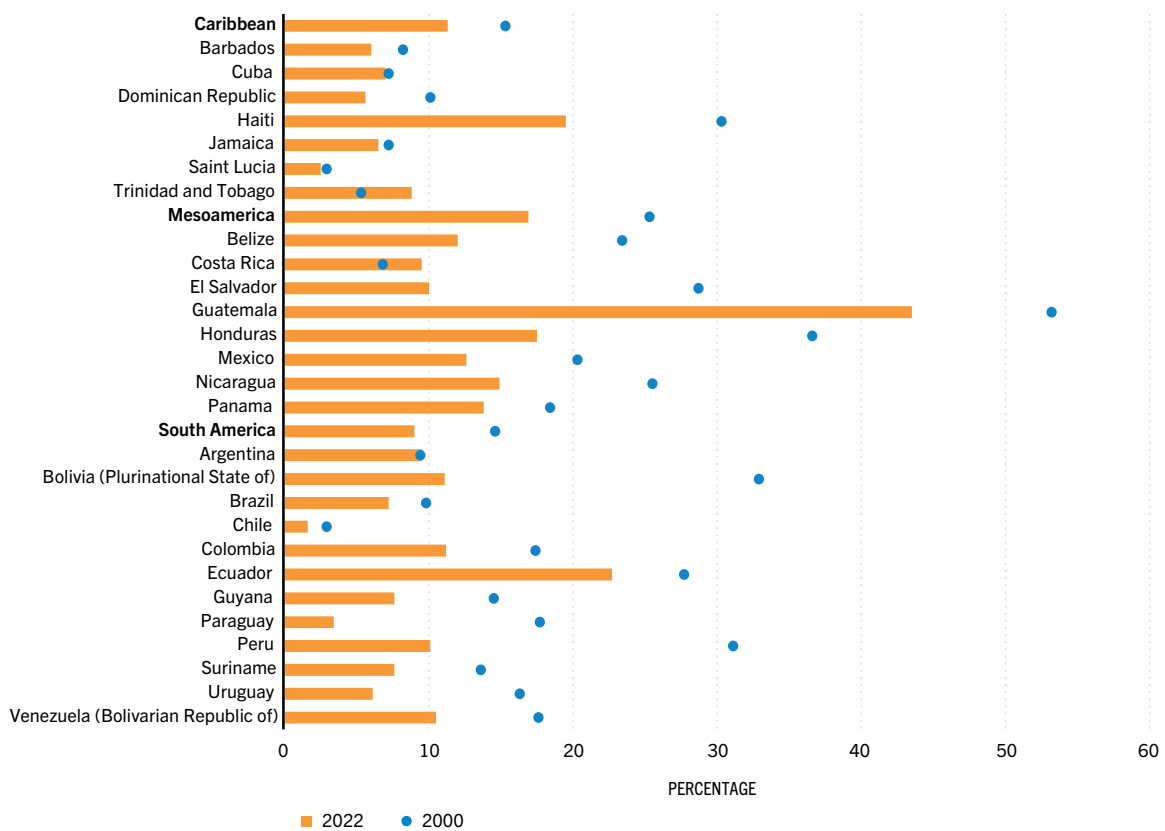
Although the region is not on track to achieve the SDG 2 target related to stunting, most countries have achieved a reduction in the prevalence of stunting between 2000 and 2022. During this period, the Plurinational State of Bolivia and Peru both reduced the prevalence of this condition by 21 percentage points. In the same period, Honduras, El Salvador and Paraguay also achieved significant reductions of 19.1, 18.7 and 14.3 percentage points, respectively (FIGURE 11).⁷

However, Guatemala and Haiti, despite achieving a reduction of close to 10 percentage points between 2000 and 2022, still present a prevalence of stunting of 43.5 and 19.5 percent, respectively.

In the same period, Costa Rica and Trinidad and Tobago showed increases in the prevalence of stunting, although in both countries it has remained below 10 percent.

For their part, Chile, Saint Lucia and Paraguay have the lowest prevalence of stunting in the region, with all below 4 percent (1.6, 2.5 and 3.4 percent, respectively).

FIGURE 11
Prevalence of stunting among children under 5 years of age in Latin America and the Caribbean by country and subregion



Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

⁷ See Table 22 in Annex I.

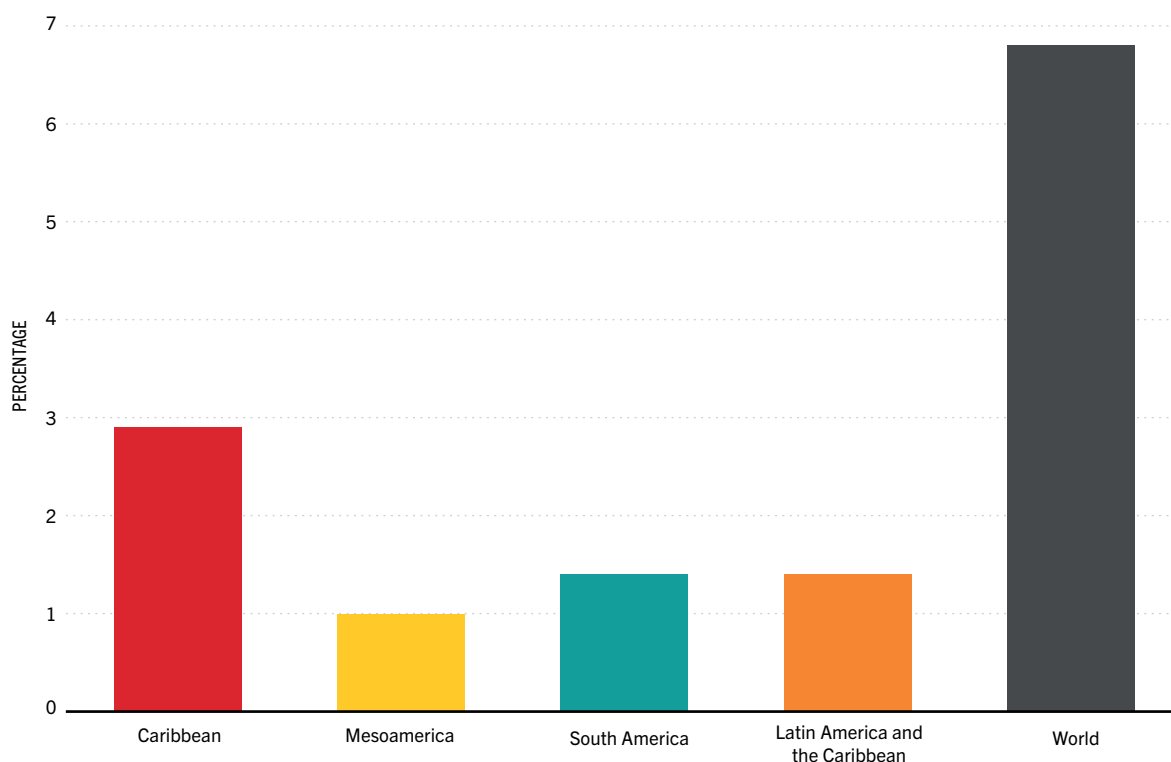
2.2 WASTING AMONG CHILDREN UNDER 5 YEARS OF AGE

Wasting refers to a form of malnutrition where a child's weight is too low for their height. Wasting is the result of recent rapid weight loss or failure to gain weight. This is a life-threatening condition and is caused by insufficient intake or malabsorption of energy and nutrients, and/or frequent or prolonged illness. A wasted child is at increased risk of death, but treatment is possible (WHO, UNICEF & WFP, 2014; FAO, IFAD, UNICEF, WFP and WHO, 2018).

In 2022, the prevalence of wasting in Latin America and the Caribbean was 1.4 percent, which was significantly lower than the world estimate of 6.8 percent (FIGURE 12 and TABLE 9). At a subregional level, the Caribbean had a slightly higher prevalence at 2.9 percent, followed by South America at 1.4 percent, and finally Mesoamerica at 1 percent. It is worth noting that all subregions are below the world estimate.

FIGURE 12

Prevalence of wasting among children under 5 years of age in Latin America and the Caribbean by subregion (2022)



Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

TABLE 9

Prevalence of wasting among children under 5 years of age (percent)

	2022
World	6.8
Latin America and the Caribbean	1.4
Caribbean	2.9
Mesoamerica	1.0
South America	1.4

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

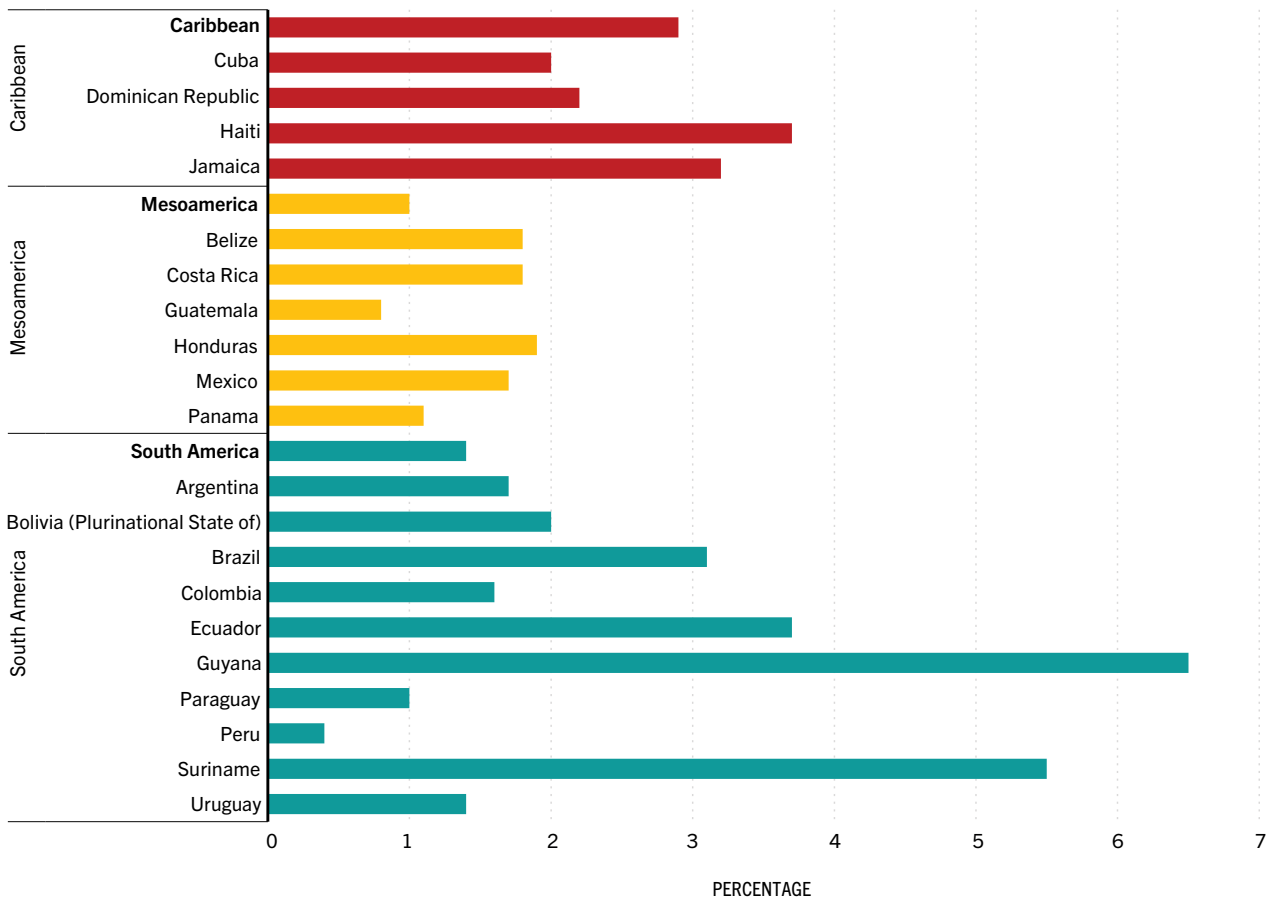
FIGURE 13 shows the prevalence of wasting for a series of countries in the region during the latest year available.⁸ All three subregions, and most countries, are on track to reach the WHA 2025 and SDG 2030 targets, which aim to maintain wasting levels among children under 5 years of age below 5 and 3 percent, respectively.

However, some countries in the region still register a prevalence that is above these targets. In particular, Guyana has a prevalence of 6.5 percent, followed by Suriname (5.5 percent), Ecuador and Haiti (both 3.7 percent), while Jamaica and Brazil show a prevalence of 3.2 and 3.1 percent, respectively.

⁸ See Table 23 in Annex I.

FIGURE 13

Prevalence of wasting among children under 5 years of age in Latin America and the Caribbean by country and subregion (latest year available from 2015 to 2022)



Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>



2.3 OVERWEIGHT AMONG CHILDREN UNDER 5 YEARS OF AGE

Overweight and obesity are defined as above normal body weight for height as a result of excessive fat accumulation. In children under 5 years of age, overweight is defined as weight-for-height greater than two standard deviations above the median established by the WHO Child Growth Standards, while obesity is defined as a weight-for-height greater than three standard deviations above the median (FAO, IFAD, UNICEF, WFP and WHO, 2022).

Overweight and obesity are complex and multifaceted problems. Although genetic factors can increase an individual's predisposition to being overweight, these alone cannot explain population-level increases over time. Intrauterine growth, infant feeding, and eating habits during early childhood are significant determinants of childhood overweight, which, in turn, increase the risk of obesity in adulthood. Other key risk factors for overweight and obesity include an increased availability and intake of energy-dense foods that are high in fats and/or sugars, poor dietary practices, and a decrease in physical activity. Children with overweight also have an increased risk of non-communicable diseases later in life (WHO, 2014b; FAO, IFAD, UNICEF, WFP and WHO, 2019).

Globally, in 2022, overweight affected 5.6 percent of children under 5 years of age, while in Latin America and the Caribbean the prevalence was 8.6 percent, which is 3 percentage points above the world estimate. In addition, overweight among children under 5 years of age in the region has been increasing faster than the world estimate. Between 2012 and 2022, the increase in the region was 1.2 percentage points, while the prevalence in the world rose by only 0.1 percentage point. Between 2020 and 2022, although overweight among children under 5 years of age did not change at the global level, in the region it increased from 8.3 to 8.6 percent, with the greatest increase seen in South America (0.4 percentage point), while the prevalence increased slightly in Mesoamerica (0.2 percentage point) and remained stable in the Caribbean.

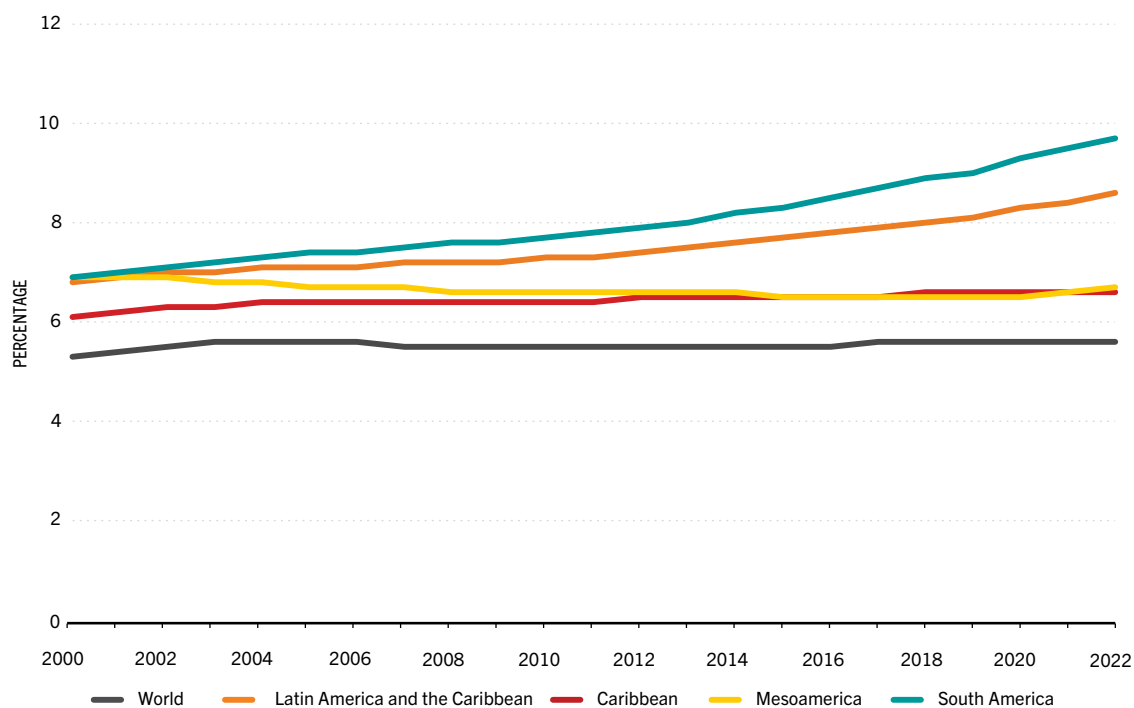
In 2022, there were a total of 4.2 million overweight children under 5 years of age in the region, of which 3 million were in South America, 1 million in Mesoamerica, and 200 000 in the Caribbean (FAO, IFAD, UNICEF, WFP and WHO, 2023).

FIGURE 14 illustrates the regional trend, which was driven by South America. In this subregion, the prevalence of overweight in children under 5 years of age in 2022 was 9.7 percent, up 1.8 percentage points compared to 2012. On the other hand, in Mesoamerica and the Caribbean, the increase was 0.1 percentage point in the same period, with a prevalence of 6.7 and 6.6 percent, respectively.

The WHA 2025 target seeks to avoid increasing the prevalence of overweight in children under 5 years of age, and the SDG 2030 target aims to reduce and maintain it below 3 percent. To achieve this, it is necessary to reverse the trend in the region. It should be noted that Latin America and the Caribbean is the only region where no country is on track to achieve the SDG 2030 target. More than 50 percent of the countries in the region have not made progress, and almost 25 percent showed higher levels of overweight compared to 2012, with only two countries having made any significant progress, although not enough to reach the 2030 target (UNICEF, WHO and World Bank, 2023).

FIGURE 14

Prevalence of overweight among children under 5 years of age in Latin America and the Caribbean by subregion



Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

TABLE 10

Prevalence of overweight among children under 5 years of age (percent)

	2000	2005	2010	2012	2015	2020	2022
World	5.3	5.6	5.5	5.5	5.5	5.6	5.6
Latin America and the Caribbean	6.8	7.1	7.3	7.4	7.7	8.3	8.6
Caribbean	6.1	6.4	6.4	6.5	6.5	6.6	6.6
Mesoamerica	6.9	6.7	6.6	6.6	6.5	6.5	6.7
South America	6.9	7.4	7.7	7.9	8.3	9.3	9.7

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

In the last two decades, the prevalence of overweight among children under 5 years of age in the region has been worsening and there are several countries that have shown significant increases in the prevalence since 2000. In particular, Trinidad and Tobago stood out with an increase of 8.3 percentage points, followed by Ecuador with 8.1 percentage points, and Paraguay with 7.8 percentage points. In addition, in Brazil and Barbados the prevalence increased by 4.1 and 3.6 percentage points, respectively (FIGURE 15).⁹

By contrast, between 2000 and 2022, a considerable reduction has been observed in Belize and Chile, where the prevalence of overweight in children under 5 years of age fell by 6 and 2.7 percentage points, respectively. Additionally, in Guatemala the prevalence was reduced by 1.4 percentage points, while in Jamaica, Peru, Mexico and Saint Lucia the prevalence decreased between 0.6 and 0.4 percentage point.

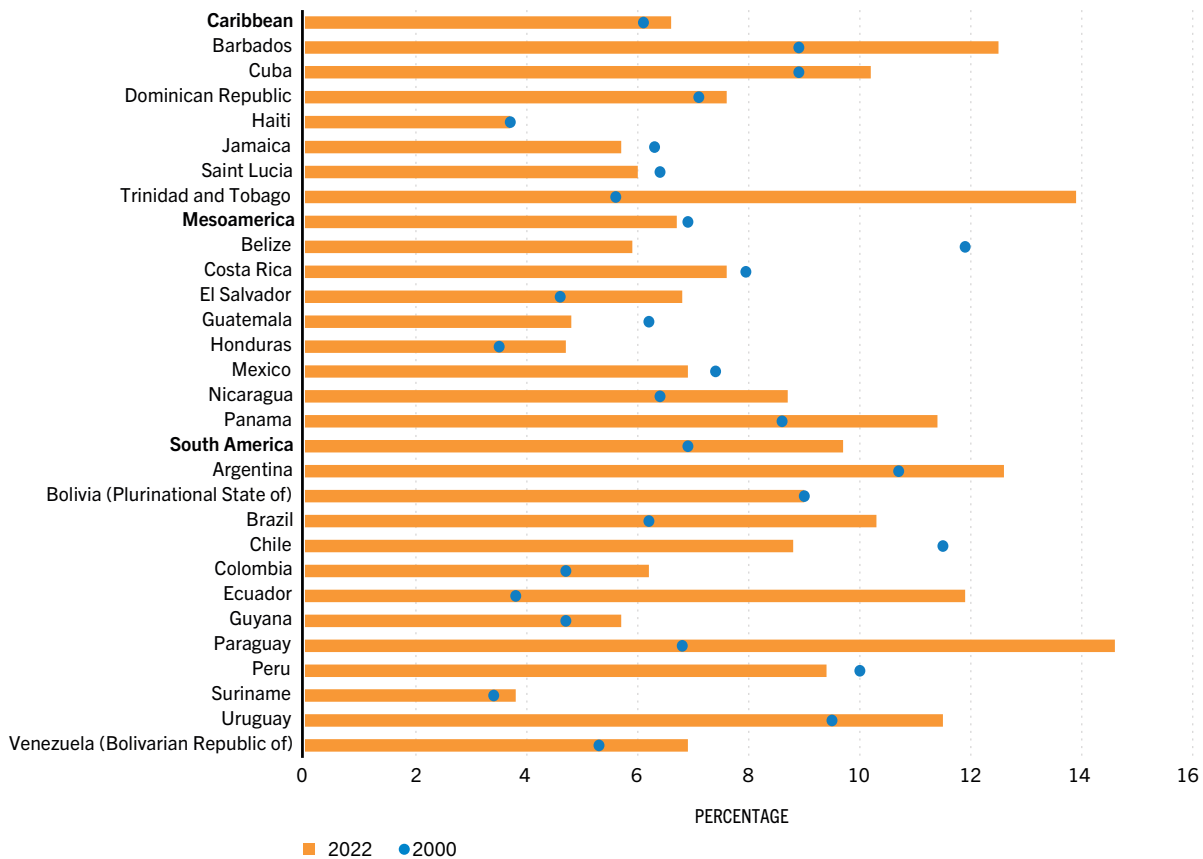
Between 2020 and 2022, overweight among children under 5 years of age increased in Ecuador (0.9 percentage point), Paraguay (0.8 percentage point), Peru and Uruguay (0.7 percentage point), and Argentina and Brazil (0.6 percentage point). On the other hand, countries like Belize, Guyana and Jamaica showed a reduction in this indicator of between 0.3 and 0.4 percentage point (TABLE 24).

Some of the countries with the highest prevalence of overweight among children in 2022 were Paraguay (14.6 percent), Trinidad and Tobago (13.9 percent), Argentina (12.6 percent), Barbados (12.5 percent), Ecuador (11.9 percent) and Uruguay (11.5 percent). Although there are few countries in the region that have shown progress, there are some where the prevalence is below the world estimate, including Haiti (3.7 percent), Suriname (3.8 percent), Honduras (4.7 percent), Guatemala (4.8 percent), Guyana (5.7 percent) and Jamaica (5.7 percent).

It is worth noting that all three subregions were above the world estimate of 5.6 percent and none of them are on track to achieve the SDG target. Furthermore, persistent increases in this indicator have been observed since 2000 in both South America and the Caribbean. As for Mesoamerica, although the prevalence showed a downward trend in the 2000–2020 period, it increased slightly in 2022.

⁹ See Table 24 in Annex I.

FIGURE 15
Prevalence of overweight among children under 5 years of age in Latin America and the Caribbean by country and subregion



Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>.

2.4 ANAEMIA AMONG WOMEN AGED 15 TO 49 YEARS

Anaemia is characterized by low levels of haemoglobin in the blood and has severe health implications. It is a complex condition with a wide variety of causes that include iron deficiency as well as other nutritional deficiencies, infections, inflammation, gynaecological and obstetric conditions, and inherited red blood cell disorders. Pregnant women have greater iron requirements, which means they are especially at risk of anaemia, which is a condition associated with increased risks for maternal and child mortality (WHO, 2023b; WHO, 2023a).

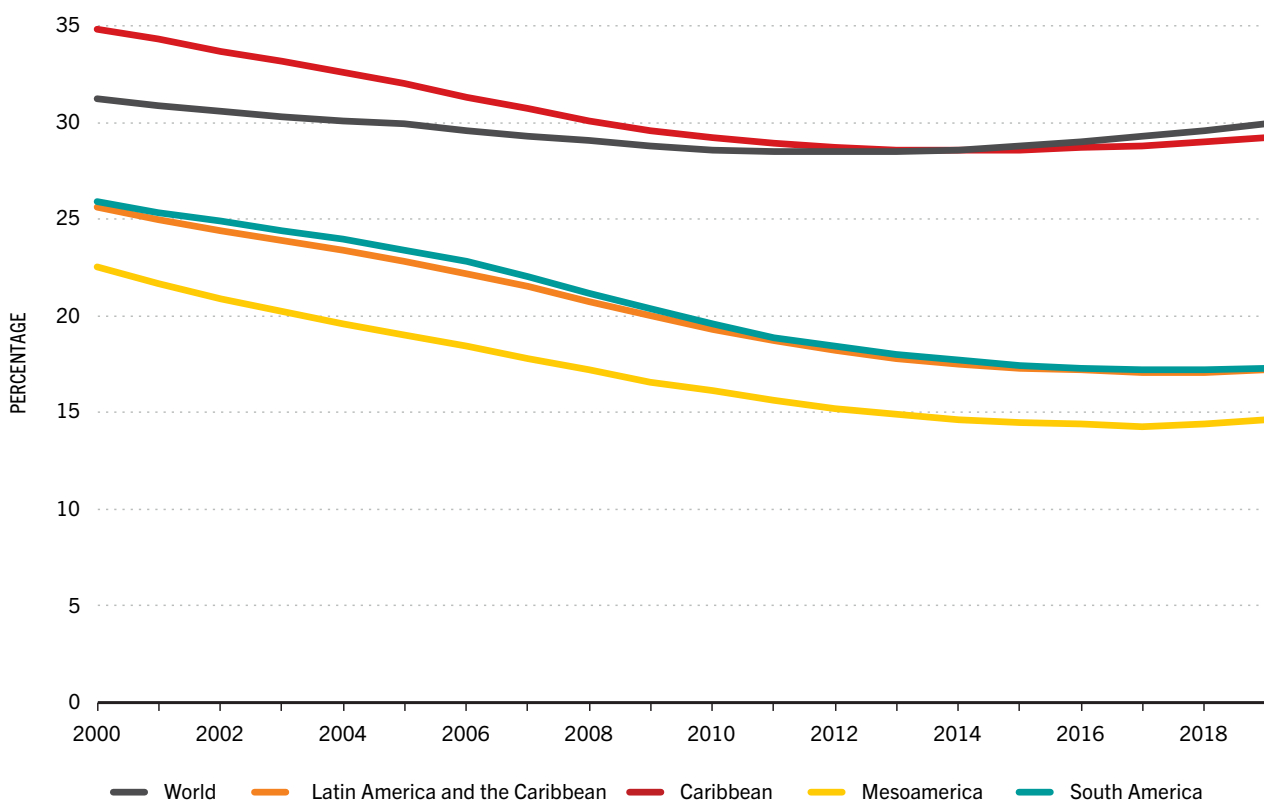
Anaemia affected 17.2 percent of women aged 15 to 49 years in Latin America and the Caribbean (equivalent to 29.6 million women) in 2019, which is significantly below the world estimate of 29.9 percent. The prevalence of anaemia among women in South

America and Mesoamerica was 17.3 and 14.6 percent, respectively. However, in the Caribbean, 29.2 percent of women suffered from this condition, which is very close to the world estimate (FIGURE 16).

Although the prevalence of anaemia has decreased in all subregions compared to 2000, stagnation has been observed from 2014 onwards in the region. Specifically, in the Caribbean, the prevalence increased 0.6 percentage point between 2015 and 2019.

FIGURE 16

Prevalence of anaemia among women aged 15 to 49 years in Latin America and the Caribbean by subregion



Note: The estimates refer to women aged 15 to 49 years, including pregnant, non-pregnant women and lactating women, and were adjusted for altitude and smoking. WHO defines anaemia in pregnant women as a haemoglobin concentration <110 g/L at sea level, and anaemia in non-pregnant women and lactating women as a haemoglobin concentration <120 g/L.

Source: WHO, 2021. Global anaemia estimates, Edition 2021. In: WHO | Global Health Observatory (GHO) data repository. [Cited 20 April 2023]. www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

TABLE 11

Prevalence of anaemia among women aged 15 to 49 years (percent)

	2000	2005	2010	2012	2015	2019
World	31.2	29.9	28.6	28.5	28.8	29.9
Latin America and the Caribbean	25.6	22.8	19.3	18.2	17.3	17.2
Caribbean	34.8	32.0	29.2	28.7	28.6	29.2
Mesoamerica	22.5	19.0	16.1	15.2	14.5	14.6
South America	25.9	23.4	19.6	18.4	17.4	17.3

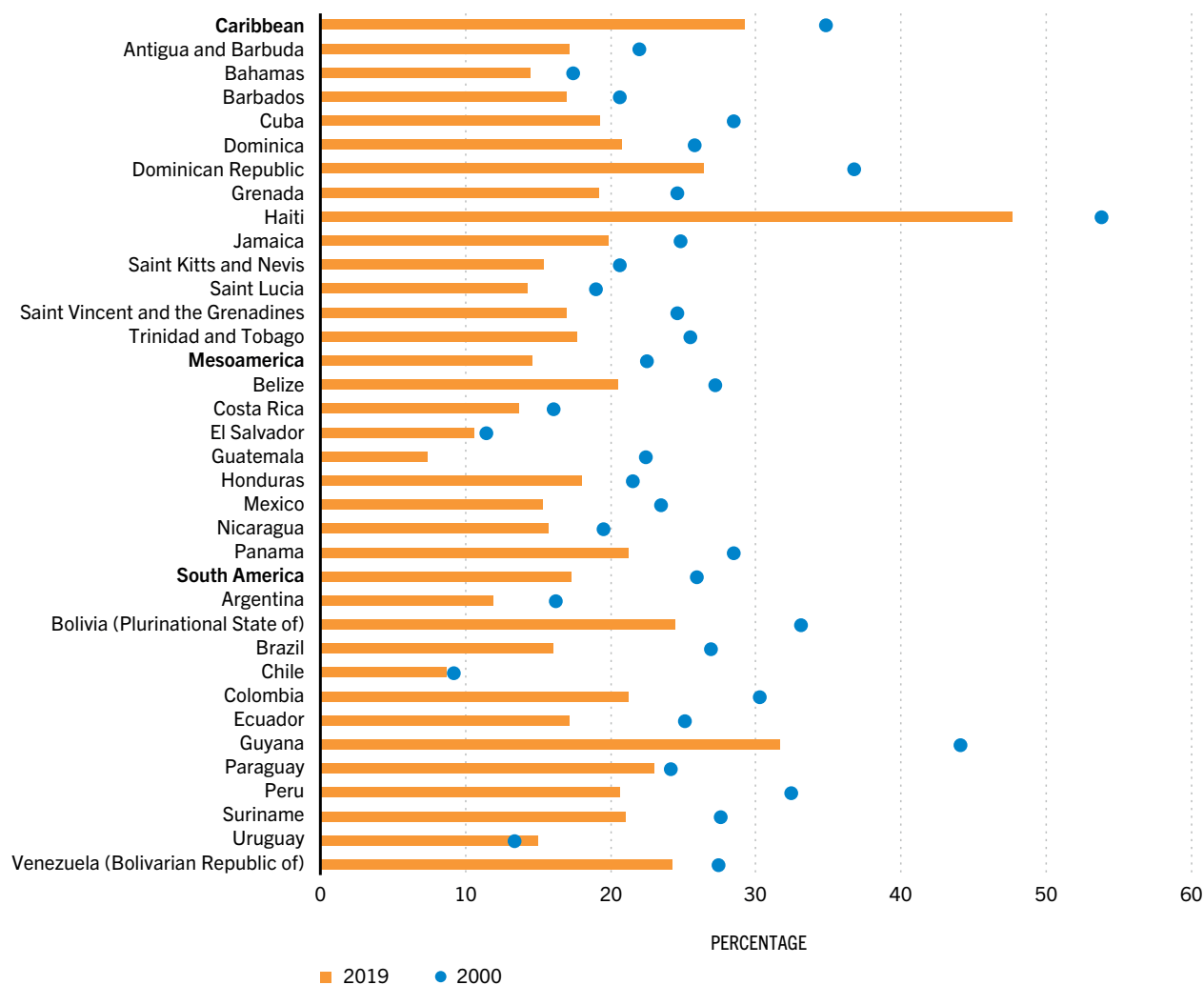
Note: The estimates refer to women aged 15 to 49 years, including pregnant, non-pregnant women and lactating women, and were adjusted for altitude and smoking. WHO defines anaemia in pregnant women as a haemoglobin concentration <110 g/L at sea level, and anaemia in non-pregnant women and lactating women as a haemoglobin concentration <120 g/L.

Source: WHO. 2021. Global anaemia estimates, Edition 2021. In: *WHO | Global Health Observatory (GHO) data repository*. [Cited 20 April 2023]. www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

Among the countries in the region with a high prevalence of anaemia in women of reproductive age, Haiti had the highest prevalence (47.7 percent), followed by Guyana (31.7 percent) and the Dominican Republic (26.4 percent). By contrast, the countries with the lowest levels were Chile (8.7 percent) and Guatemala (7.4 percent). All countries in the region, except Uruguay, reduced the prevalence of anaemia in women aged 15 to 49 years between 2000 and 2019. Among these countries, the most progress was achieved by Guatemala with a reduction of 67 percent. For its part, Brazil achieved a reduction of 40 percent, while Colombia, Ecuador, Mexico, Peru, Saint Vincent and the Grenadines, and Trinidad and Tobago all reduced the prevalence of anaemia by more than 30 percent (FIGURE 17).¹⁰

¹⁰ See Table 25 in Annex I.

FIGURE 17
Prevalence of anaemia among women aged 15 to 49 years in Latin America and the Caribbean by country and subregion



Note: The estimates refer to women aged 15 to 49 years, including pregnant, non-pregnant women and lactating women, and were adjusted for altitude and smoking. WHO defines anaemia in pregnant women as a haemoglobin concentration <110 g/L at sea level, and anaemia in non-pregnant women and lactating women as a haemoglobin concentration <120 g/L.
Source: WHO. 2021. Global anaemia estimates, Edition 2021. In: *WHO | Global Health Observatory (GHO) data repository*. [Cited 20 April 2023]. www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children



CHAPTER 3

ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS

Key messages

- In Latin America and the Caribbean, obesity affected nearly a quarter of the adult population in 2016, which is the last year with data available for this indicator. This prevalence was well above the world estimate (13.1 percent). Mesoamerica showed the highest prevalence of obesity in adults (27.3 percent), followed by the Caribbean (24.7 percent) and South America (23 percent).
- Between 2000 and 2016, obesity in adults increased considerably in the region, up 9.5 percentage points in the Caribbean, 8.2 percentage points in Mesoamerica, and 7.2 percentage points in South America, compared to an increase of 4.4 percentage points at the global level.
- The prevalence of exclusive breastfeeding among infants 0–5 months of age was 42.6 percent in the region in 2021, which was below the global estimate of 47.7 percent. However, there have been significant improvements in this indicator since 2012, especially in Mesoamerica which showed an increase of 16 percentage points. The prevalence in South America was 46.8 percent, in Mesoamerica 37.7 percent and in the Caribbean 31.4 percent.
- The prevalence of low birthweight in Latin America and the Caribbean was lower than the world estimate. In 2020, the prevalence was 9.6 percent compared to 14.7 percent globally, with important differences among subregions.

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

3.1 ADULT OBESITY

Overweight and obesity are defined as above normal body weight for height as a result of excessive fat accumulation. According to the WHO, at the population level obesity in adults is determined as having a body mass index (BMI)¹¹ equal to or greater than 30 kg/m² (FAO, IFAD, UNICEF, WFP and WHO, 2022).

Overweight and obesity both have immediate and potentially long-term health impacts. Immediate impacts include respiratory difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance, and psychological effects. Furthermore, long-term impacts are also linked to increased risk of non-communicable diseases (WHO, 2014b).

In Latin America and the Caribbean, obesity affected 24.2 percent of the adult population in 2016 (equivalent to 106 million people), which was significantly above the world estimate (13.1 percent). Obesity in adults rose considerably across all subregions between 2000 and 2016, increasing by 9.5 percentage points in the Caribbean, 8.2 percentage points in Mesoamerica, and 7.2 percentage points in South America. Among the subregions, Mesoamerica showed the highest prevalence of obesity in adults (27.3 percent), followed by the Caribbean (24.7 percent) and South America (23 percent) (FIGURA 18).

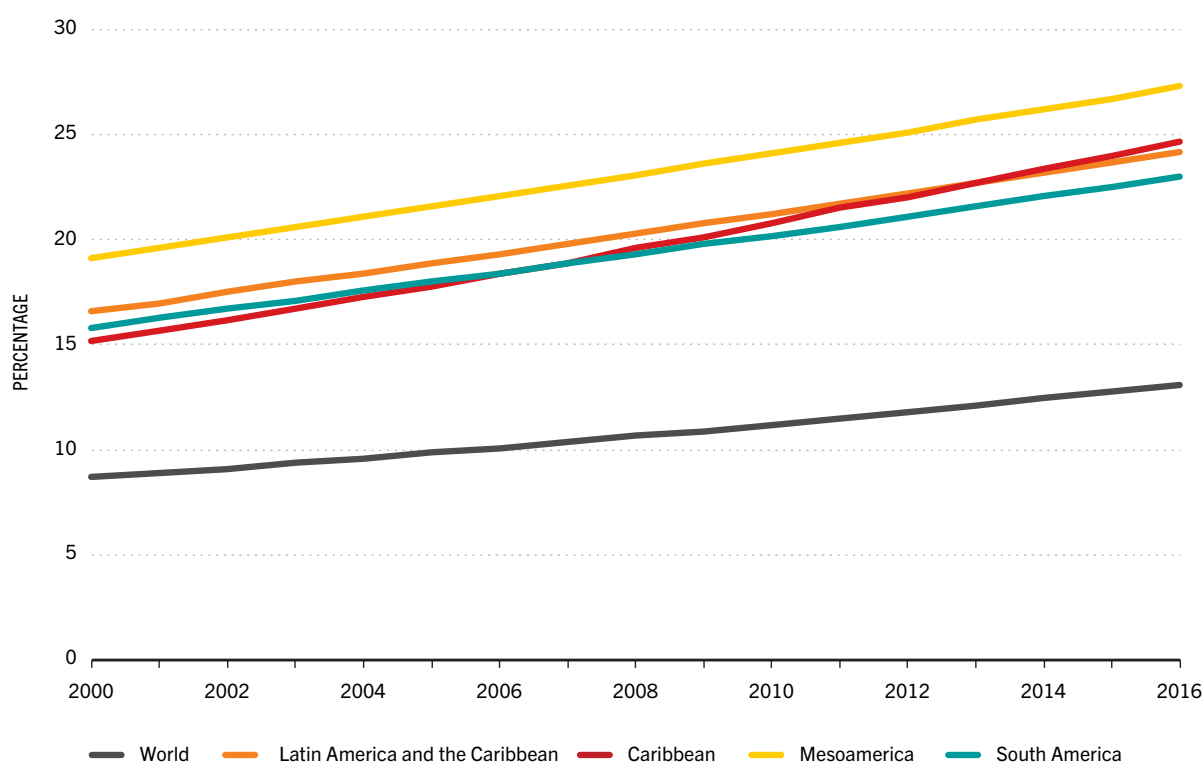
During the period from 2000 to 2016, obesity in adults increased in all countries of the region. The prevalence in Costa Rica, the Dominican Republic and Haiti increased by more than 10 percentage points in this period. Furthermore, the Bahamas registered one of the highest rates of obesity in adults in 2016 with a prevalence of more than 30 percent. In addition, obesity affected more than 25 percent of adults in Argentina, Chile, Costa Rica, Dominica, the Dominican Republic, Mexico, Suriname and Uruguay (FIGURE 19).¹²

¹¹ The body mass index (BMI) is a simple indicator of the relationship between weight and height that is frequently used to identify overweight and obesity in adults. It is calculated by dividing a person's weight in kilos by the square of their height in metres (kg/m²).

¹² See Table 26 of Annex I.

FIGURE 18

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



Source: WHO. 2020. Global Health Observatory (GHO) data repository. In: *WHO*. [Cited 28 April 2020]. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

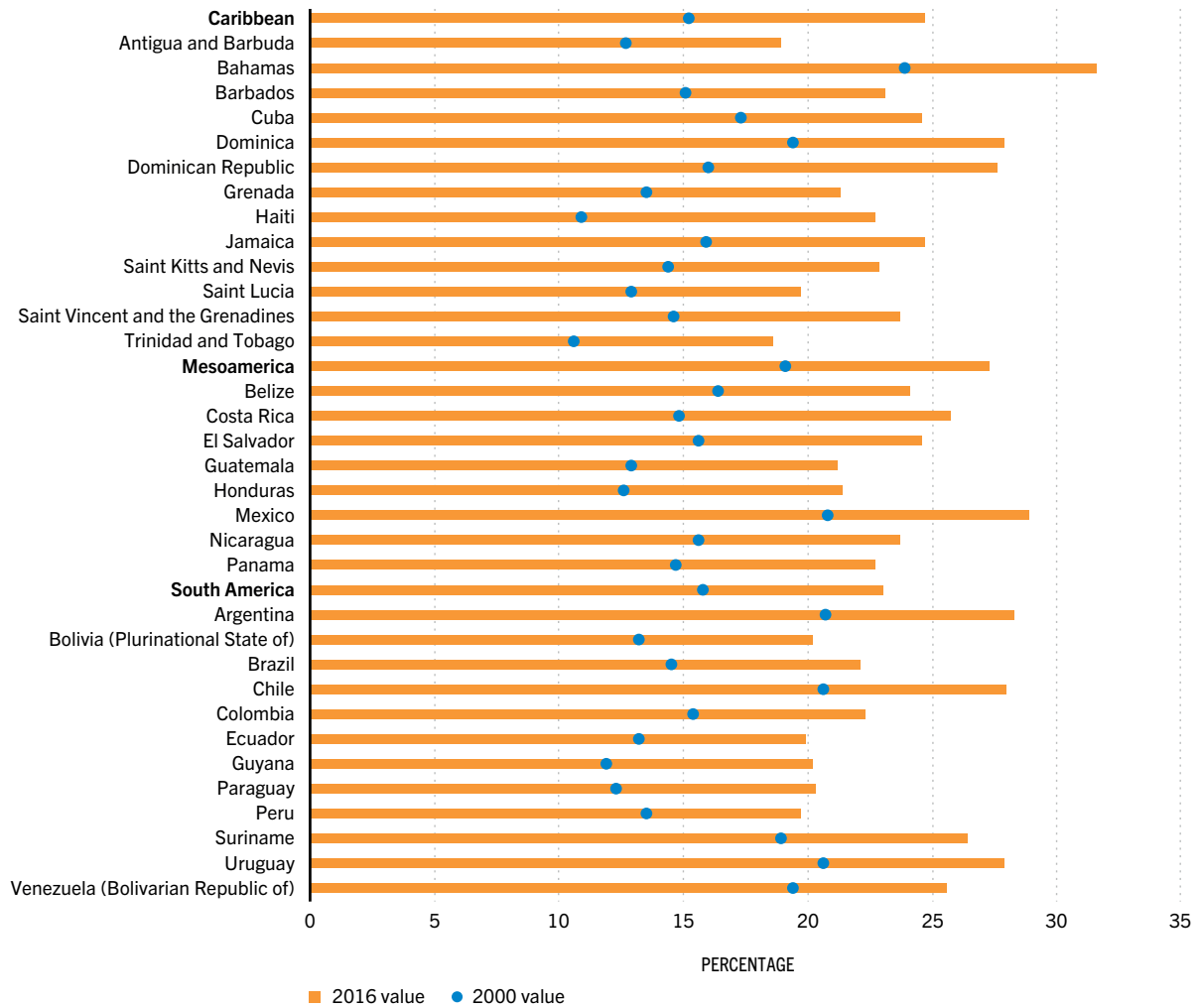
TABLE 12

Prevalence of obesity among adults (percent)

	2000	2005	2010	2012	2014	2015	2016
World	8.7	9.9	11.2	11.8	12.5	12.8	13.1
Latin America and the Caribbean	16.6	18.9	21.2	22.2	23.2	23.7	24.2
Caribbean	15.2	17.8	20.8	22.0	23.4	24.0	24.7
Mesoamerica	19.1	21.6	24.1	25.1	26.2	26.7	27.3
South America	15.8	18.0	20.2	21.1	22.1	22.5	23.0

Source: WHO. 2020. Global Health Observatory (GHO) data repository. In: *WHO*. [Cited 28 April 2020]. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

FIGURE 19
Prevalence of obesity among adults in Latin America and the Caribbean by country and subregion



Source: WHO. 2020. Global Health Observatory (GHO) data repository. In: WHO. [Cited 28 April 2020]. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

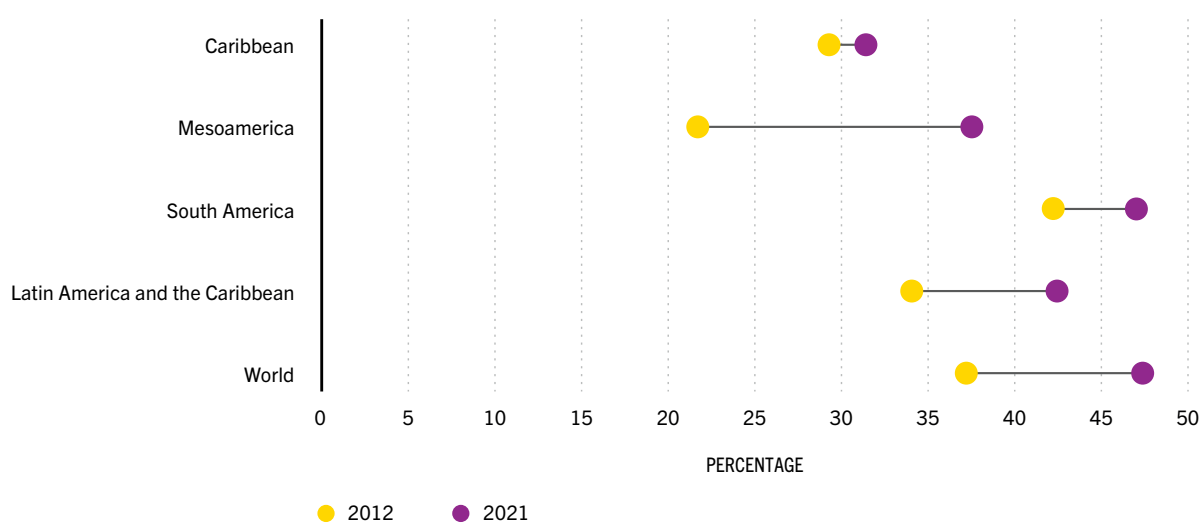
3.2 PREVALENCE OF EXCLUSIVE BREASTFEEDING DURING THE FIRST SIX MONTHS OF LIFE

Exclusive breastfeeding during the first six months of life has many benefits for the infant and the mother. One of the main benefits is its capacity to protect the infant against gastrointestinal infections. It is important to note that this benefit is not limited to low-income countries, but it has also been observed in high-income countries (WHO, 2021). Breastfeeding is one of the most powerful practices for promoting child survival and well-being, as it protects against life-threatening and chronic illnesses, while promoting healthy growth, adequate child development and healthy brain development (UNICEF, 2018; WHO, 2021).

In Latin America and the Caribbean, the prevalence of exclusive breastfeeding among infants 0–5 months of age was 42.6 percent in 2021, below the global estimate of 47.7 percent. When looking at each subregion, South America showed the highest prevalence at 46.8 percent, followed by Mesoamerica at 37.7 percent and the Caribbean with 31.4 percent. Even though the region was below the world estimate, significant improvements have been achieved in this indicator since 2012. Mesoamerica has made the most progress, with the prevalence increasing by 16 percentage points, while in South America it rose by 4.6 percentage points and in the Caribbean by 2 percentage points (FIGURE 20).

FIGURE 20

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



Source: UNICEF. 2022. Infant and young child feeding. In: *UNICEF*. [Cited 6 April 2023]. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

TABLE 13

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

	2012	2021
World	37.0	47.7
Latin America and the Caribbean	34.3	42.6
Caribbean	29.4	31.4
Mesoamerica	21.7	37.7
South America	42.2	46.8

Source: UNICEF. 2022. Infant and young child feeding. In: *UNICEF*. [Cited 6 April 2023]. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

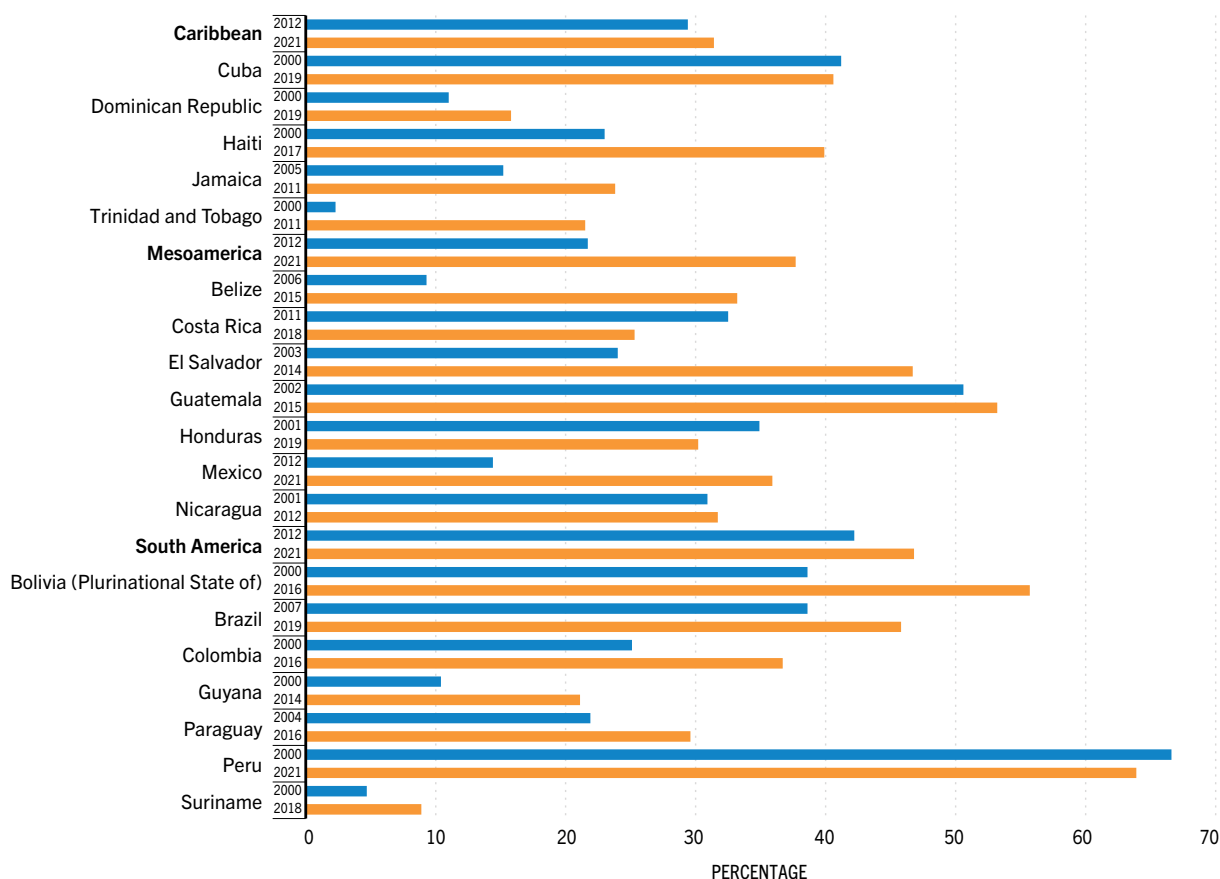
FIGURE 21¹³ shows that the countries in the region with the highest prevalence of exclusive breastfeeding among infants 0–5 months of age were Peru (63.9 percent), the Plurinational State of Bolivia (55.7 percent) and Guatemala (53.2 percent). The countries that have shown improvements, according to their latest available data and during different time periods,¹⁴ include Belize, where the prevalence increased by 23.9 percentage points between 2006 and 2015, followed by Mexico (21.5 percentage points between 2012 and 2021), the Plurinational State of Bolivia (17.1 percentage points between 2000 and 2016), Haiti (16.9 percentage points between 2000 and 2017), and Colombia (11.6 percentage points between 2000 and 2016). By contrast, some countries showed reductions in this indicator, including Cuba (0.6 percentage point between 2000 and 2019), Peru (2.7 percentage points between 2000 and 2021), Honduras (4.7 percentage points between 2001 and 2019) and Costa Rica (7.2 percentage points between 2011 and 2018).

¹³ See Table 27 in Annex I.

¹⁴ This analysis includes different periods for each country, according to the latest information available.

FIGURE 21

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



Source: UNICEF. 2022. Infant and young child feeding. In: *UNICEF*. [Cited 6 April 2023]. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

3.3 PREVALENCE OF LOW BIRTHWEIGHT

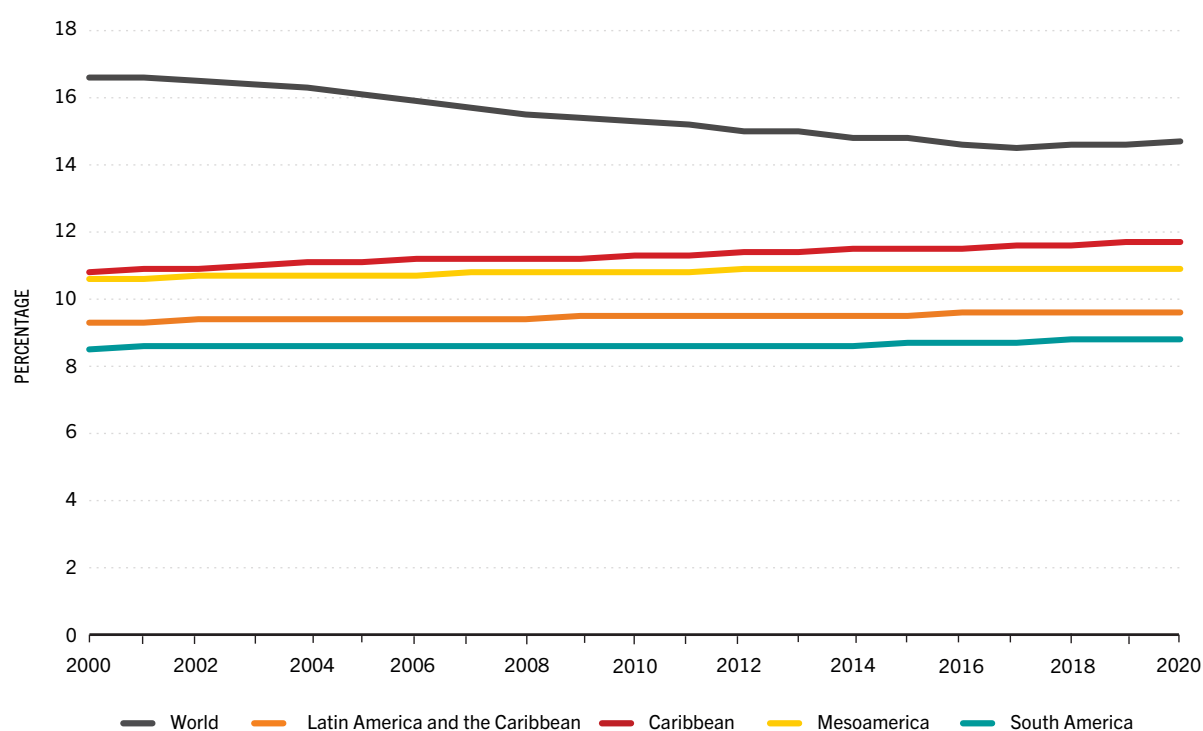
Low birthweight is defined by the WHO as weight at birth lower than 2.5 kg (5.5 lb) and can be caused by intrauterine growth restriction, prematurity or both. Low birthweight constitutes a significant public health problem globally and is associated with a range of both short and long-term consequences such as fetal and neonatal mortality and morbidity, impaired growth and cognitive development, as well as an increased risk of non-communicable diseases later in life (WHO, 2014c).

Latin America and the Caribbean has a lower prevalence of low birthweight than the world estimate. In 2020, this prevalence was 9.6 percent compared to the world estimate of 14.7 percent. As shown in **FIGURE 22**, this has not varied considerably since 2000. The prevalence at a global level was reduced by 1.9 percentage points in the period 2000–2020, while at the regional level it increased slightly by 0.3 percentage point.

When analysed by subregion, the Caribbean showed a prevalence of low birthweight of 11.7 percent, followed by Mesoamerica (10.9 percent), and finally South America (8.8 percent), meaning that all three subregions are below the world estimate.

FIGURE 22

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



Source: UNICEF & WHO. 2023. *UNICEF-WHO low birthweight database, July 2023*. [Cited 12 July 2023].
www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates

TABLE 14

Prevalence of low birthweight (percent)

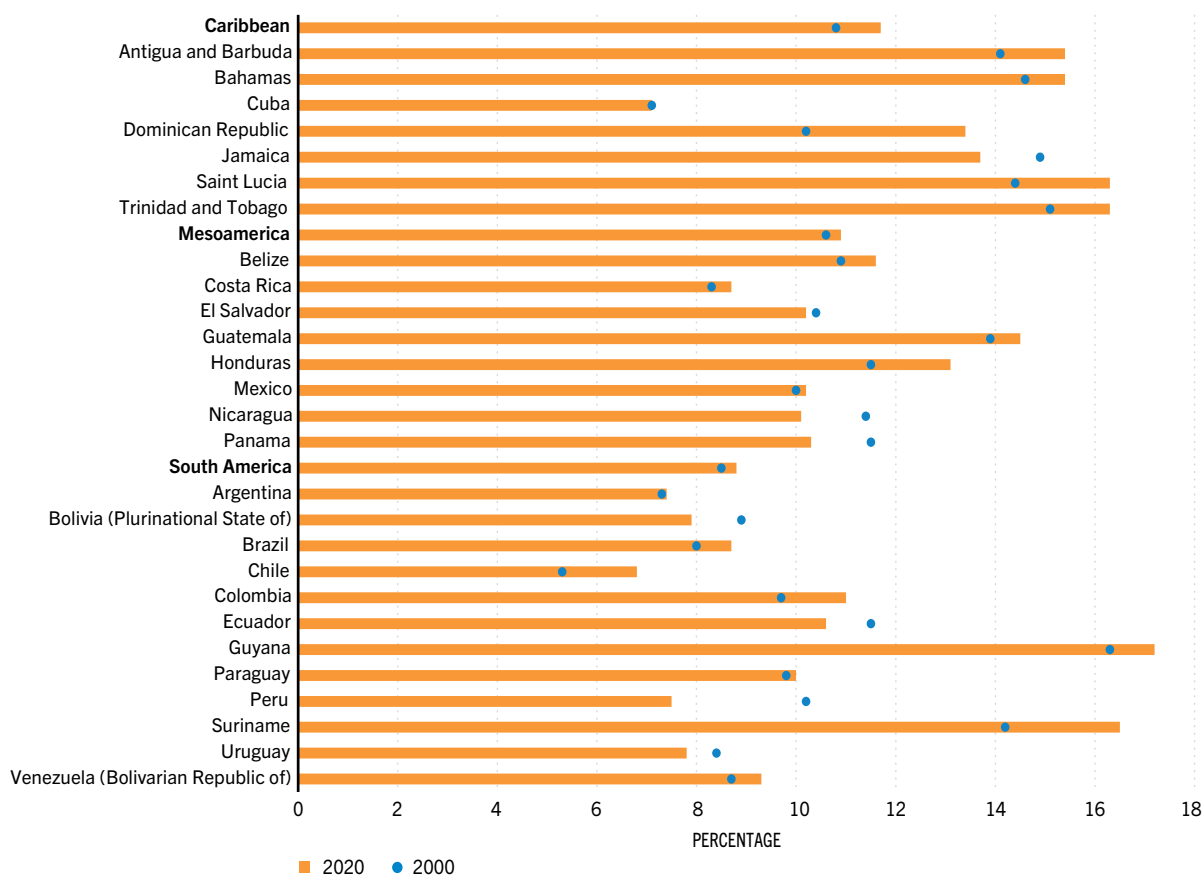
	2000	2005	2010	2015	2019	2020
World	16.6	16.1	15.3	14.8	14.6	14.7
Latin America and the Caribbean	9.3	9.4	9.5	9.5	9.6	9.6
Caribbean	10.8	11.1	11.3	11.5	11.7	11.7
Mesoamerica	10.6	10.7	10.8	10.9	10.9	10.9
South America	8.5	8.6	8.6	8.7	8.8	8.8

Source: UNICEF & WHO. 2023. *UNICEF-WHO low birthweight database, July 2023*. [Cited 12 July 2023].
www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates

FIGURE 23¹⁵ shows the latest data available for the prevalence of low birthweight in countries of the region. The countries with the highest prevalence in 2020 were Guyana (17.2 percent), Suriname (16.5 percent), Saint Lucia (16.3 percent) and Trinidad and Tobago (16.3 percent). At the other end of the spectrum, Chile (6.8 percent), Cuba (7.1 percent) and Argentina (7.4 percent) registered the lowest rates in the region. Considering the period 2000–2020, Peru shows the greatest improvement in this indicator, with a reduction of 2.7 percentage points, followed by Nicaragua (1.3 points) and Panama and Jamaica with a decrease of 1.2 percentage points each. By contrast, the countries that show the largest increase for the same period are the Dominican Republic (3.2 percentage points), Suriname (2.3 percentage points) and Saint Lucia (1.9 percentage points).

The prevalence of low birthweight was higher in 2020 compared to 2000 in the majority of countries in the region. Only eight countries showed an improvement in this period: the Plurinational State of Bolivia, Ecuador, El Salvador, Jamaica, Nicaragua, Panama, Peru and Uruguay.

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



Source: UNICEF & WHO. 2023. *UNICEF-WHO low birthweight database, July 2023*. [Cited 12 July 2023]. <https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates>

¹⁵ See Table 28 in Annex I.



CHAPTER 4

UPDATES TO THE COST AND AFFORDABILITY OF A HEALTHY DIET

Key messages

- The average cost of a healthy diet globally was 3.66 purchasing power parity (PPP) dollars per person per day in 2021. Latin America and Caribbean had the highest cost of a healthy diet compared to all other regions at 4.08 PPP dollars per person per day, followed by Asia (3.90 PPP dollars), Africa (3.57 PPP dollars), North America and Europe (3.22 PPP dollars), and finally Oceania (3.20 PPP dollars).
- Between 2020 and 2021, the cost of a healthy diet increased by 5.3 percent in the region. The surge could be explained by the rise in food inflation driven by lockdowns, disruptions in the global supply chain, and labour shortages that occurred during this period.
- At the subregional level, between 2020 and 2021, South America showed the largest increase in the cost of a healthy diet (6.4 percent), followed by the Caribbean (5 percent), and Mesoamerica (4.1 percent).
- In 2021, 133.4 million people could not afford a healthy diet in the region, which represents 22.7 percent of the population. This meant an increase of 11.5 million people compared to 2020. In the Caribbean subregion, this figure rose to 57 percent, followed by Mesoamerica with 22.2 percent and South America with 20.6 percent.

The cost of a healthy diet, published by FAO, is defined as the cost – in purchasing power parity (PPP) dollars per person per day – of the lowest-priced, locally available foods to achieve a calorie intake of 2 330 kcal/day, considering nutrient adequacy and diversified foods from several different food groups, in line with the recommendations of the national Food-Based Dietary Guidelines (FBDGs). Although the composition of a healthy diet varies among countries and territories, the consensus is that healthy diets should contain a balanced and diverse selection of foods from several food groups and ensure that a person's energy, macronutrient (proteins, fats and carbohydrates with dietary fibre), and essential micronutrient (vitamins, minerals and trace elements) intake needs are satisfied, considering factors such as their sex, age, physical activity level and physiological state (FAO, IFAD, UNICEF, WFP and WHO, 2020).¹⁶ Furthermore, these must be low in free sugars, non-sugar sweeteners, sodium, saturated fats and free from industrially produced trans-fats.

In 2021, Latin America and the Caribbean had the highest average cost of a healthy diet compared to other regions of the world, reaching 4.08 PPP dollars per person per day, which is above the world average of 3.66 PPP dollars per person per day.

TABLE 15

Cost of a healthy diet

	Cost (PPP dollars per person per day)					Change (percent)			
	2017	2018	2019	2020	2021	2017-2018	2018-2019	2019-2020	2020-2021
World	3.30	3.36	3.43	3.51	3.66	1.8	2.3	2.3	4.3
Latin America and the Caribbean	3.62	3.69	3.78	3.88	4.08	2.0	2.2	2.7	5.3
Caribbean	3.84	3.95	4.06	4.20	4.41	3.0	2.8	3.3	5.0
Mesoamerica	3.37	3.42	3.45	3.48	3.63	1.5	1.0	0.8	4.1
South America	3.42	3.44	3.50	3.59	3.82	0.6	1.9	2.4	6.4

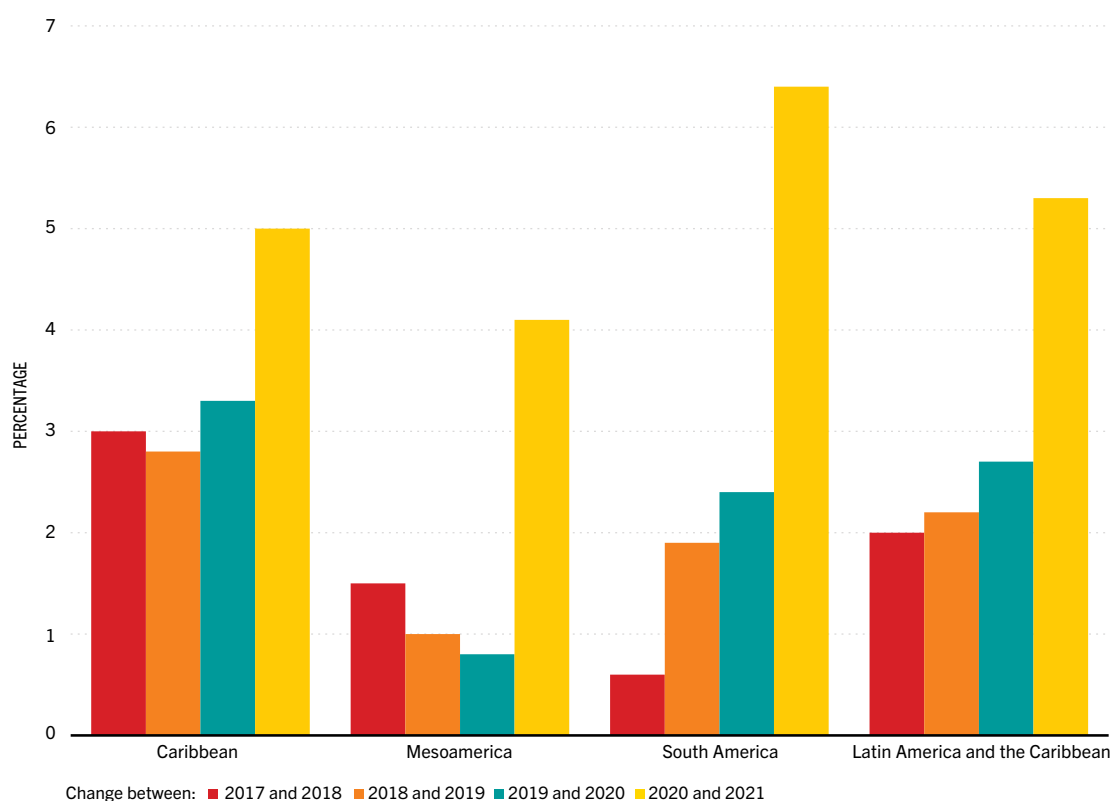
Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

¹⁶ Based on this definition, a healthy diet is composed of six food groups: fats; starchy staples; legumes, nuts and seeds; fruits; vegetables, and animal-source foods.

As seen in **FIGURE 24** and **TABLE 15**,¹⁷ the cost of a healthy diet increased by 5.3 percent between 2020 and 2021 at a regional level. This increase is related to the surge in food inflation that occurred in 2021, driven by lockdowns, disruptions in the global supply chain, and labour shortages as a consequence of the COVID-19 pandemic (FAO, IFAD, UNICEF, WFP and WHO, 2023). In terms of the subregions, South America had the highest increase (6.4 percent), followed by the Caribbean with 5 percent, and Mesoamerica with 4.1 percent.

FIGURE 24

Change in the cost of a healthy diet in Latin America and the Caribbean by subregion



Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

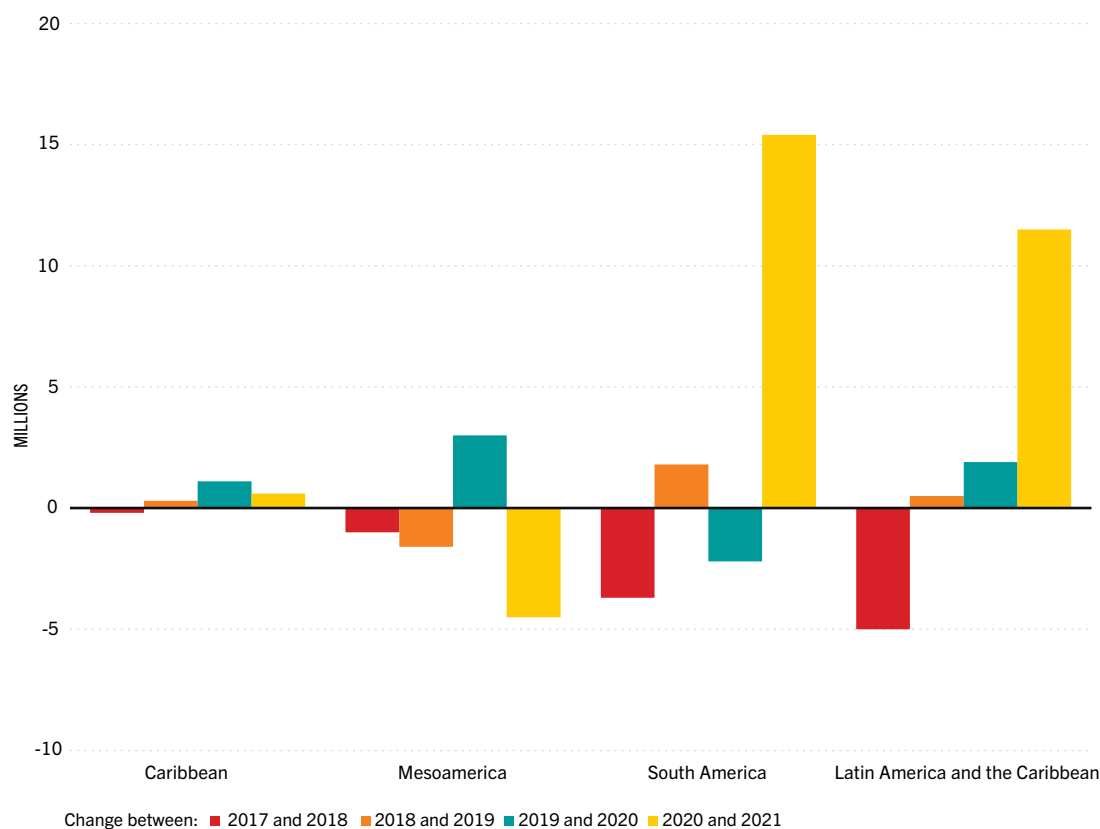
¹⁷ See also Table 30 in Annex I.

In 2021, a total of 3.14 billion people globally could not afford a healthy diet, which represents 42.2 percent of the world population (TABLE 16). Although this represents a decrease of 52 million people compared to 2020, these figures are still above pre-pandemic levels, with an increase of 134 million more people compared to 2019. In Latin America and the Caribbean, 22.7 percent of the population – or 133.4 million people – were unable to afford a healthy diet. Of this total, 62.8 percent are in South America (83.8 million), followed by Mesoamerica (34.2 million) and the Caribbean (15.4 million). In 2021, as shown in TABLE 29, more than half of the population in the Caribbean could not afford a healthy diet (57 percent), followed by Mesoamerica (22.2 percent) and South America (20.6 percent).

FIGURE 25 and TABLE 16 show that, between 2020 and 2021, the number of people in the region who could not afford a healthy diet increased by 11.5 million people. This is mainly due to the increase in South America since, in this subregion, 15.4 million additional people were unable to afford a healthy diet, while in the Caribbean this figure increased by 600 000 people. A different reality is observed in Mesoamerica, where 4.5 million fewer people were unable to afford a healthy diet in 2021 compared to the previous year.

FIGURE 25

Change in the number of people unable to afford a healthy diet in Latin America and the Caribbean by subregion



Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

TABLE 16

Number of people unable to afford a healthy diet (millions)

	Number of people (millions)					Change (millions)			
	2017	2018	2019	2020	2021	2017-2018	2018-2019	2019-2020	2020-2021
World	3 124.9	3 019.1	3 005.5	3 191.9	3 139.5	-105.8	-13.6	186.4	-52.4
Latin America and the Caribbean	124.5	119.5	120.0	121.9	133.4	-5.0	0.5	1.9	11.5
Caribbean	13.6	13.4	13.7	14.8	15.4	-0.2	0.3	1.1	0.6
Mesoamerica	38.3	37.3	35.7	38.7	34.2	-1.0	-1.6	3.0	-4.5
South America	72.5	68.8	70.6	68.4	83.8	-3.7	1.8	-2.2	15.4

Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

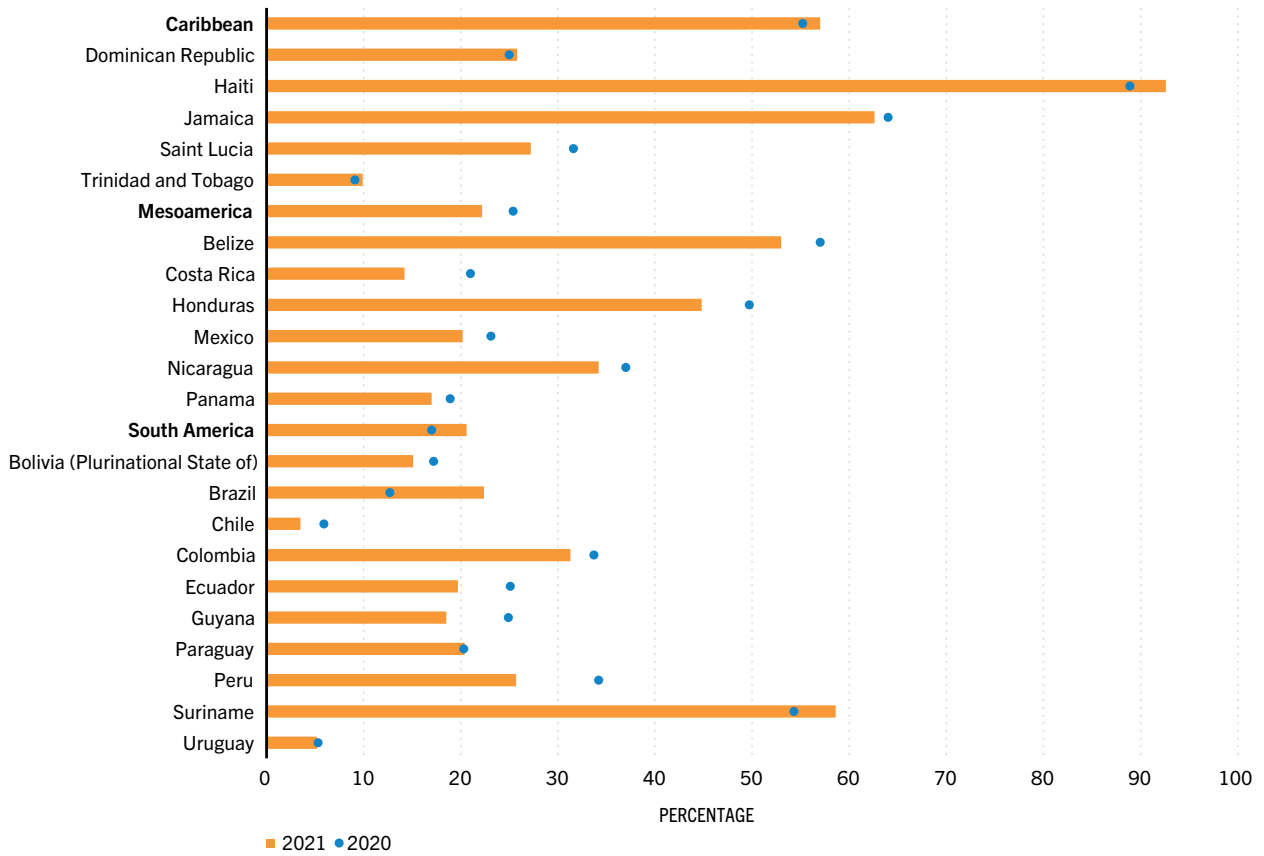
Access to a healthy diet varies considerably between subregions and countries (FIGURE 26 and TABLE 29). When comparing 2021 to the previous year, South America showed an increase in the number of people unable to afford a healthy diet of 22.5 percent. In the Caribbean this increase was 4.1 percent. In contrast, Mesoamerica showed a decrease of 11.6 percent.

In the Caribbean, most of Haiti's population (92.6 percent) could not afford a healthy diet, and about two-thirds of Jamaica's population (62.6 percent) faced the same issue. On the other hand, the countries with the lowest percentages were the Dominican Republic (25.8 percent) and Trinidad and Tobago (9.9 percent)

In Mesoamerica, more than half of the population of Belize (53 percent) could not afford a healthy diet in 2021, followed by Honduras (44.8 percent) and Nicaragua (34.2 percent). In contrast, Costa Rica (14.2 percent), Panama (17 percent) and Mexico (20.2 percent) had the lowest percentages in the subregion.

As for South America, in Suriname 58.6 percent of the population could not afford a healthy diet, which was the highest percentage in the subregion. About a third of the population of Colombia faced the same situation. In Brazil, Peru and Ecuador, this varied between 20 and 26 percent. The countries that showed the lowest percentages in this subregion were Chile and Uruguay, with 3.5 and 5.2 percent respectively.

FIGURE 26
 Percentage of people unable to afford a healthy diet in Latin America and the Caribbean by country and subregion



Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

CONCLUSION

Latin America and the Caribbean is not on track to achieving the SDG 2 and WHA targets for hunger, food insecurity and malnutrition. Despite reductions in both the prevalence of hunger and food insecurity in the region compared to the previous year, the figures are still above the world estimates and pre-pandemic levels. Furthermore, persistent inequalities in the region affect the food security of the most vulnerable. In particular, the prevalence of moderate or severe food insecurity was higher in women than men, and its incidence increases as the degree of urbanization decreases.

Estimates show significant differences by subregion. In South America, both the prevalence of hunger and moderate or severe food insecurity decreased between 2021 and 2022. As for Mesoamerica, the prevalence of hunger remained unchanged and the prevalence of moderate or severe food insecurity increased slightly, while in the Caribbean the prevalence of both conditions increased.

Regarding malnutrition, stunting has shown a decrease since 2000, but this downward trend has been slowing down. In addition, overweight estimates for children under 5 years of age are above the world estimate and this indicator has been increasing faster in Latin America and the Caribbean compared to the world. Obesity in adults, according to the latest estimates from 2016, is on the rise and affected nearly a quarter of the adult population in the region.

Regarding exclusive breastfeeding among infants 0-5 months of age, in 2021 the prevalence in the region and the three subregions was below the world estimate. Finally, the latest estimates of anaemia among women aged 15 to 49 years, in 2019, show that the prevalence in the region was well below the world estimate. These indicators show different levels and trends among the three subregions.

In 2021, the region showed the highest cost of a healthy diet in the world. Food inflation in the region has affected the cost of a healthy diet, there by making it less affordable, especially for the most vulnerable. As a result, close to a quarter of the population in the region cannot afford a healthy diet.

The rising cost of healthy diets further hinders the achievement of SDGs 2, 3, 5, 10 and 12, as it negatively affects healthy food environments and the possibility of developing healthy eating habits, especially in the most vulnerable population.

The region is facing a complex scenario, due to a successive series of crises: the COVID-19 pandemic, inequalities and persistent levels of poverty, the climate crisis, and the effects of the conflict in Ukraine. These factors have contributed to rising food prices and food inflation, threatening the functioning, efficiency and resilience of agrifood systems. Thus, hunger and malnutrition remain two of the main challenges for the region.

In this context, regional cooperation and integration, such as the CELAC FSN Plan, play an important role in enabling the implementation and increasing the impact of agricultural and food policies, plans, legislation and programmes. In addition, public and private financing and investments in food security and nutrition contribute greatly to addressing these challenges. Multilateralism and multisectoral coordination are also important to enable the countries of the region to accelerate the achievement of the 2030 Agenda for Sustainable Development, thereby ensuring the health of all people and our planet.

REFERENCES

Fajardo-Ronquillo, V.P. 2020. Incidencia de la Caída de los Precios del Petróleo en la Economía Latinoamericana. *Polo del Conocimiento*, 5(43), 1054-1067.

FAO. 2023. *The status of women in agrifood systems*. Rome, FAO.
<https://www.fao.org/3/cc5343en/cc5343en.pdf>

FAO, IFAD, UNICEF, WFP and WHO. 2018. *The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition*. Rome, FAO.
<https://www.fao.org/documents/card/en/c/I9553EN>

FAO, IFAD, UNICEF, WFP and WHO. 2019. *The State of Food Security and Nutrition in the World 2019. Safeguarding against economic slowdowns and downturns*. Rome, FAO.
<https://doi.org/10.4060/CA5162en>

FAO, IFAD, UNICEF, WFP and WHO. 2020. *The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets*. Rome, FAO.
<https://doi.org/10.4060/ca9692en>

FAO, IFAD, UNICEF, WFP and WHO. 2022. *The State of Food Security and Nutrition in the World 2022. Repurposing food and agricultural policies to make healthy diets more affordable*. Rome, FAO. <https://doi.org/10.4060/cc0639en>

FAO, IFAD, UNICEF, WFP and WHO. 2023. *The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum*. Rome, FAO. <https://doi.org/10.4060/cc3017en>

UNICEF. 2018. *Breastfeeding: A Mother's Gift, for Every Child*. New York. <https://data.unicef.org/resources/breastfeeding-a-mothers-gift-for-every-child/>

UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

WHO. 2014a. *Global Nutrition Targets 2025: Stunting Policy Brief*. Geneva.
<https://www.who.int/publications/i/item/WHO-NMH-NHD-14.3>

WHO. 2014b. *Global nutrition targets 2025: Childhood overweight policy brief*. Geneva. <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.6>

WHO. 2014c. *Global Nutrition Targets 2025: Low Birth Weight Policy Brief*. Geneva.
<https://www.who.int/publications/i/item/WHO-NMH-NHD-14.5>

WHO. 2021. Infant and young child feeding. In: *WHO*.

www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding

WHO. 2023a. Health topics. In: *OMS*. <https://www.who.int/health-topics>

WHO. 2023b. *Accelerating anaemia reduction. A comprehensive framework for action.*

Geneva. <https://www.who.int/publications/i/item/9789240074033>

WHO, UNICEF & WFP. 2014. *Global nutrition targets 2025: wasting policy brief.* Geneva,

WHO. <https://www.who.int/publications-detail-redirect/WHO-NMH-NHD-14.8>

ANNEX I

DATA TABLES

TABLE 17

Prevalence of undernourishment (percent)

	2000–2002	2004–2006	2009–2011	2013–2015	2017–2019	2018–2020	2019–2021	2020–2022
World	12.9	12.0	8.8	7.8	7.7	8.2	8.7	9.2
Latin America and the Caribbean	10.7	9.3	6.6	5.3	5.7	6.0	6.3	6.7
Caribbean	17.9	18.4	15.2	13.3	13.8	14.5	14.7	15.4
Mesoamerica	7.5	8.0	7.0	6.7	5.8	5.4	5.0	5.0
South America	11.2	8.8	5.5	3.9	4.9	5.4	6.0	6.5
Argentina	3.1	3.8	3.5	2.7	3.4	3.4	3.3	3.2
Barbados	6.1	5.9	3.2	<2.5	<2.5	<2.5	<2.5	<2.5
Belize	6.3	5.5	5.8	6.6	5.3	4.8	4.7	4.9
Bolivia (Plurinational State of)	27.8	27.1	21.3	17.1	13.8	13.7	16.2	19.4
Brazil	10.7	6.5	3.7	2.6	<2.5	<2.5	3.7	4.7
Chile	3.5	3.2	3.7	3.1	2.8	2.6	<2.5	2.5
Colombia	8.9	11.5	11.3	5.8	4.6	5.4	6.3	6.6
Costa Rica	4.7	4.3	4.6	4.8	3.1	3.1	3.1	3.0
Cuba	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5
Dominica	3.8	5.2	4.2	5.0	6.4	6.8	7.1	6.7
Dominican Republic	20.6	19.4	13.5	8.4	5.7	6.3	6.3	6.3
Ecuador	21.0	22.3	12.0	8.6	11.9	13.4	14.1	13.9
El Salvador	7.3	9.2	9.9	10.0	7.1	7.2	7.0	7.7
Guatemala	22.7	19.4	15.8	16.2	14.1	14.1	13.5	13.3
Guyana	6.4	7.1	9.4	6.1	3.5	3.6	3.0	<2.5
Haiti	49.2	51.8	41.8	38.7	42.2	43.6	43.3	45.0
Honduras	22.4	22.6	16.4	15.6	14.1	14.5	16.2	18.7
Jamaica	7.6	7.9	8.7	7.6	6.3	6.6	7.5	8.3
Mexico	3.2	4.4	4.4	4.0	3.4	2.8	<2.5	<2.5
Nicaragua	27.1	22.9	19.9	19.8	17.4	17.5	17.9	17.8
Panama	24.5	21.6	10.4	7.5	5.2	4.7	4.9	5.3
Paraguay	10.4	9.3	4.7	<2.5	2.9	3.3	3.5	4.2
Peru	21.4	18.7	8.4	5.1	5.9	6.2	6.5	7.0
Saint Vincent and the Grenadines	14.4	8.5	6.3	5.3	3.2	3.3	3.6	3.1
Suriname	11.8	9.8	8.1	8.4	9.2	9.0	9.1	9.0
Trinidad and Tobago	10.0	11.2	11.0	11.0	12.7	13.2	13.4	12.2
Uruguay	3.4	2.9	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5
Venezuela (Bolivarian Republic of)	14.8	8.3	<2.5	3.7	22.7	23.4	21.6	17.9

Note: The values for 2020 to 2022 are projections.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 18

Number of undernourished people (millions)

	2000–2002	2004–2006	2009–2011	2013–2015	2017–2019	2018–2020	2019–2021	2020–2022
World	804.9	786.7	612.6	575.0	590.5	633.7	684.4	725.1
Latin America and the Caribbean	57.0	51.8	38.9	32.6	36.9	38.8	41.3	43.7
Caribbean	6.9	7.4	6.3	5.7	6.0	6.3	6.5	6.8
Mesoamerica	10.3	11.6	11.0	11.1	10.0	9.4	8.8	8.9
South America	39.8	32.8	21.7	15.8	20.9	23.0	26.0	28.0
Argentina	1.2	1.5	1.5	1.1	1.5	1.5	1.5	1.4
Barbados	<0.1	<0.1	<0.1	n.r.	n.r.	n.r.	n.r.	n.r.
Belize	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Bolivia (Plurinational State of)	2.4	2.5	2.2	1.9	1.6	1.6	1.9	2.3
Brazil	19.1	12.1	7.2	5.2	n.r.	n.r.	7.8	10.1
Chile	0.5	0.5	0.6	0.6	0.5	0.5	n.r.	0.5
Colombia	3.6	4.8	5.1	2.7	2.3	2.7	3.2	3.4
Costa Rica	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Cuba	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Dominica	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Dominican Republic	1.8	1.8	1.3	0.9	0.6	0.7	0.7	0.7
Ecuador	2.7	3.1	1.8	1.4	2.0	2.3	2.5	2.5
El Salvador	0.4	0.6	0.6	0.6	0.4	0.5	0.4	0.5
Guatemala	2.7	2.5	2.3	2.5	2.4	2.4	2.4	2.3
Guyana	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	n.r.
Haiti	4.2	4.7	4.1	4.0	4.6	4.9	4.9	5.1
Honduras	1.5	1.7	1.4	1.4	1.4	1.4	1.6	1.9
Jamaica	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Mexico	3.2	4.6	4.9	4.8	4.2	3.5	n.r.	n.r.
Nicaragua	1.4	1.3	1.2	1.2	1.1	1.2	1.2	1.2
Panama	0.8	0.7	0.4	0.3	0.2	0.2	0.2	0.2
Paraguay	0.5	0.5	0.3	n.r.	0.2	0.2	0.2	0.3
Peru	5.8	5.3	2.5	1.6	1.9	2.0	2.2	2.4
Saint Vincent and the Grenadines	<0.1	<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	<0.1
Trinidad and Tobago	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Uruguay	0.1	<0.1	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Venezuela (Bolivarian Republic of)	3.7	2.2	n.r.	1.1	6.8	6.8	6.2	5.1

Note: The values for 2020 to 2022 are projections. n.r. = not reported, as the prevalence is less than 2.5 percent.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 19

Prevalence of food insecurity (percent)

	Severe food insecurity				Moderate or severe food insecurity			
	2014–2016	2017–2019	2019–2021	2020–2022	2014–2016	2017–2019	2019–2021	2020–2022
World	7.8	8.8	10.6	11.3	21.9	24.7	28.1	29.5
Latin America and the Caribbean	7.9	9.5	12.0	13.0	27.6	31.9	37.1	39.0
Caribbean	n.a.	n.a.	29.4	28.8	n.a.	n.a.	61.6	61.8
Mesoamerica	6.5	6.9	7.5	8.0	29.3	27.8	32.2	34.3
South America	6.0	8.4	12.1	13.5	23.4	30.6	36.6	38.7
Antigua and Barbuda	n.a.	n.a.	7.1	7.1	n.a.	n.a.	33.0	33.0
Argentina	5.8	12.9	13.0	13.1	19.2	35.8	37.0	36.9
Bahamas	n.a.	n.a.	3.4	3.4	n.a.	n.a.	17.2	17.2
Barbados	n.a.	n.a.	7.4	7.4	n.a.	n.a.	31.1	31.1
Belize	n.a.	6.1	6.0	5.9	n.a.	35.7	42.3	45.5
Bolivia (Plurinational State of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Brazil	1.9	1.6	7.3	9.9	18.3	20.6	28.8	32.8
Chile	2.9	3.6	3.8	4.1	10.8	15.3	17.4	18.1
Colombia	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Costa Rica	1.8	2.4	2.8	2.9	12.2	14.5	15.9	16.2
Cuba	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Dominican Republic	24.3	22.4	22.2	22.0	54.2	52.6	53.1	52.1
Ecuador	6.0	9.9	12.8	13.0	20.7	29.3	36.8	37.3
El Salvador	13.8	14.6	14.7	16.2	42.2	42.2	46.5	48.4
Grenada	n.a.	8.3	7.5	6.6	n.a.	23.6	22.3	21.1
Guatemala	16.1	18.1	20.7	21.1	42.7	45.2	55.8	59.8
Guyana	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Haiti	n.a.	n.a.	45.2	42.9	n.a.	n.a.	82.5	82.6
Honduras	14.2	14.0	17.9	23.5	41.6	40.9	49.9	56.1
Jamaica	25.3	23.0	23.1	25.6	48.3	45.8	50.3	54.4
Mexico	3.6	3.7	3.7	3.6	25.6	23.0	26.1	27.6
Nicaragua	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Panama	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Paraguay	1.2	4.1	5.6	6.1	8.3	21.3	25.3	25.9
Peru	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Saint Kitts and Nevis	8.1	8.1	6.4	5.6	21.1	21.1	26.9	29.8
Saint Lucia	4.5	n.a.	n.a.	4.5	22.2	n.a.	n.a.	22.2
Saint Vincent and the Grenadines	n.a.	10.3	10.3	10.3	n.a.	33.3	33.3	33.3
Suriname	n.a.	n.a.	7.2	7.2	n.a.	n.a.	35.8	35.8
Trinidad and Tobago	n.a.	n.a.	10.2	10.2	n.a.	n.a.	43.3	43.3
Uruguay	1.7	1.7	2.5	2.9	13.3	13.3	14.1	15.2
Venezuela (Bolivarian Republic of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.

Note: n.a. = data not available; n.r. = not reported.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 20

Number of food insecure people (millions)

	Severely food insecure				Moderately or severely food insecure			
	2014–2016	2017–2019	2019–2021	2020–2022	2014–2016	2017–2019	2019–2021	2020–2022
World	575.7	677.7	832.6	892.7	1 626.1	1 899.7	2 205.3	2 335.5
Latin America and the Caribbean	49.1	60.9	78.4	85.4	172.1	204.6	241.5	256.2
Caribbean	n.a.	n.a.	12.9	12.7	n.a.	n.a.	27.1	27.3
Mesoamerica	10.8	11.9	13.3	14.2	49.1	48.2	56.7	60.9
South America	24.7	35.7	52.2	58.5	96.8	130.0	157.7	167.9
Antigua and Barbuda	n.a.	n.a.	<0.1	<0.1	n.a.	n.a.	<0.1	<0.1
Argentina	2.5	5.7	5.8	5.9	8.3	15.9	16.6	16.7
Bahamas	n.a.	n.a.	<0.1	<0.1	n.a.	n.a.	<0.1	<0.1
Barbados	n.a.	n.a.	<0.1	<0.1	n.a.	n.a.	<0.1	<0.1
Belize	n.a.	<0.1	<0.1	<0.1	n.a.	0.1	0.2	0.2
Bolivia (Plurinational State of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Brazil	4.0	3.4	15.5	21.1	37.6	43.2	61.5	70.3
Chile	0.5	0.7	0.7	0.8	1.9	2.9	3.3	3.5
Colombia	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Costa Rica	<0.1	0.1	0.1	0.1	0.6	0.7	0.8	0.8
Cuba	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Dominican Republic	2.5	2.4	2.4	2.4	5.6	5.7	5.8	5.8
Ecuador	1.0	1.7	2.2	2.3	3.4	5.0	6.5	6.6
El Salvador	0.9	0.9	0.9	1.0	2.6	2.6	2.9	3.1
Grenada	n.a.	<0.1	<0.1	<0.1	n.a.	<0.1	<0.1	<0.1
Guatemala	2.6	3.1	3.6	3.7	6.8	7.6	9.7	10.5
Guyana	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Haiti	n.a.	n.a.	5.1	4.9	n.a.	n.a.	9.3	9.5
Honduras	1.3	1.4	1.8	2.4	3.9	4.0	5.0	5.8
Jamaica	0.7	0.6	0.7	0.7	1.3	1.3	1.4	1.5
Mexico	4.3	4.5	4.7	4.5	30.8	28.5	32.9	35.0
Nicaragua	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Panama	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Paraguay	<0.1	0.3	0.4	0.4	0.5	1.4	1.7	1.7
Peru	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Saint Kitts and Nevis	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Saint Lucia	<0.1	n.a.	n.a.	<0.1	<0.1	n.a.	n.a.	<0.1
Saint Vincent and the Grenadines	n.a.	<0.1	<0.1	<0.1	n.a.	<0.1	<0.1	<0.1
Suriname	n.a.	n.a.	<0.1	<0.1	n.a.	n.a.	0.2	0.2
Trinidad and Tobago	n.a.	n.a.	0.2	0.2	n.a.	n.a.	0.7	0.7
Uruguay	<0.1	<0.1	<0.1	<0.1	0.5	0.5	0.5	0.5
Venezuela (Bolivarian Republic of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.

Note: n.a. = data not available; n.r. = not reported.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 21

Prevalence of food insecurity by sex (percent)

	Severe food insecurity				Moderate or severe food insecurity			
	Men		Women		Men		Women	
	2014–2016	2020–2022	2014–2016	2020–2022	2014–2016	2020–2022	2014–2016	2020–2022
World	6.5	9.3	7.2	10.8	18.9	25.2	20.7	28.1
Latin America and the Caribbean	7.0	11.4	8.5	14.3	25.1	33.7	29.7	43.8
Caribbean	n.a.	27.7	n.a.	30.0	n.a.	60.2	n.a.	63.9
Mesoamerica	5.8	6.7	6.7	8.8	27.5	28.4	30.6	39.3
South America	5.0	11.7	6.6	14.9	20.6	33.2	25.8	43.6
Antigua and Barbuda	n.a.	7.4	n.a.	6.8	n.a.	29.0	n.a.	37.0
Argentina	4.9	10.1	6.6	16.2	15.8	31.1	22.6	42.7
Bahamas	n.a.	3.6	n.a.	3.3	n.a.	17.6	n.a.	16.9
Barbados	n.a.	6.8	n.a.	8.0	n.a.	28.8	n.a.	33.3
Belize	n.a.	5.9	n.a.	5.9	n.a.	45.5	n.a.	45.5
Bolivia (Plurinational State of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Brazil	1.2	8.3	2.6	11.4	15.6	26.9	21.1	38.7
Chile	2.5	3.6	3.4	4.6	9.1	16.2	12.5	20.1
Colombia	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Costa Rica	1.8	2.6	1.8	3.2	11.5	14.0	12.9	18.4
Cuba	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Dominican Republic	22.8	20.8	25.8	23.1	51.3	48.8	57.2	55.4
Ecuador	5.7	10.9	6.2	15.1	19.9	33.5	21.6	41.1
El Salvador	12.6	13.7	15.0	18.6	38.6	41.8	45.7	55.0
Grenada	n.a.	6.6	n.a.	6.6	n.a.	21.1	n.a.	21.1
Guatemala	15.3	18.4	16.8	23.8	39.9	52.3	45.4	67.3
Guyana	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Haiti	n.a.	41.6	n.a.	44.2	n.a.	82.2	n.a.	83.1
Honduras	12.9	22.8	15.5	24.3	38.0	52.4	45.3	59.7
Jamaica	23.1	24.2	27.6	27.1	44.7	52.4	51.9	56.3
Mexico	3.2	2.8	3.9	4.3	24.4	22.1	26.8	33.2
Nicaragua	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Panama	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Paraguay	1.1	6.2	1.2	6.0	8.0	25.6	8.5	26.2
Peru	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.
Saint Kitts and Nevis	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Saint Lucia	4.5	4.5	4.5	4.5	22.2	22.2	22.2	22.2
Saint Vincent and the Grenadines	n.a.	10.3	n.a.	10.3	n.a.	33.3	n.a.	33.3
Suriname	n.a.	6.2	n.a.	8.2	n.a.	31.3	n.a.	40.4
Trinidad and Tobago	n.a.	10.0	n.a.	10.4	n.a.	41.9	n.a.	44.8
Uruguay	1.6	2.4	1.8	3.4	12.0	12.3	14.5	18.2
Venezuela (Bolivarian Republic of)	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.	n.r.

Note: n.a. = data not available; n.r. = not reported.

Source: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

TABLE 22

Prevalence of stunting among children under 5 years of age (percent)

	2000	2005	2010	2012	2015	2019	2020	2022
World	33.0	31.1	27.9	26.3	24.6	23.0	22.7	22.3
Latin America and the Caribbean	17.8	15.7	13.6	12.7	12.1	11.8	11.7	11.5
Caribbean	15.3	14.6	13.7	13.0	12.5	11.9	11.7	11.3
Mesoamerica	25.3	22.3	19.3	18.2	17.5	17.4	17.2	16.9
South America	14.6	12.7	10.9	10.1	9.5	9.2	9.1	9.0
Argentina	9.4	7.8	7.1	7.1	7.7	8.6	8.9	9.5
Barbados	8.2	8.2	7.8	7.5	7.0	6.4	6.2	6.0
Belize	23.4	22.9	19.2	17.5	15.4	13.2	12.8	12.0
Bolivia (Plurinational State of)	32.9	29.6	22.8	19.9	16.6	13.0	12.3	11.1
Brazil	9.8	7.3	6.5	6.3	6.5	7.1	7.2	7.2
Chile	2.9	2.3	2.0	1.9	1.8	1.7	1.6	1.6
Colombia	17.4	15.7	13.3	12.7	12.3	11.6	11.5	11.2
Costa Rica	6.8	5.9	6.1	6.4	7.3	8.6	8.9	9.5
Cuba	7.2	7.6	7.2	7.0	7.0	7.1	7.0	7.0
Dominican Republic	10.1	9.0	8.4	7.9	7.4	6.5	6.2	5.6
Ecuador	27.7	27.8	26.4	24.4	23.0	23.2	23.1	22.7
El Salvador	28.7	23.5	17.5	15.5	13.1	11.0	10.7	10.0
Guatemala	53.2	52.2	48.7	47.1	46.0	44.9	44.2	43.5
Guyana	14.5	17.3	16.4	14.5	11.8	9.1	8.5	7.6
Haiti	30.3	28.0	25.2	23.8	22.2	20.7	20.3	19.5
Honduras	36.6	31.2	24.4	22.0	20.4	18.9	18.4	17.5
Jamaica	7.2	6.3	6.1	6.1	6.4	6.5	6.5	6.5
Mexico	20.3	16.9	14.3	13.3	12.8	12.8	12.8	12.6
Nicaragua	25.5	21.6	18.4	17.3	16.4	15.5	15.3	14.9
Panama	18.4	20.9	21.1	19.9	17.9	15.2	14.6	13.8
Paraguay	17.7	17.0	11.8	9.4	6.8	4.4	4.0	3.4
Peru	31.1	27.7	21.8	18.6	15.0	11.7	11.1	10.1
Saint Lucia	2.9	2.7	2.4	2.3	2.3	2.4	2.5	2.5
Suriname	13.6	11.0	9.0	8.3	8.2	8.0	7.9	7.6
Trinidad and Tobago	5.3	7.0	8.3	8.6	8.8	8.8	8.8	8.8
Uruguay	16.3	13.3	9.9	9.1	8.0	6.7	6.4	6.1
Venezuela (Bolivarian Republic of)	17.6	16.8	13.4	12.1	11.1	10.5	10.5	10.5

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

TABLE 23

Prevalence of wasting among children under 5 years of age (percent)

	2000	2005	2010	2015	2019	2020	2022
World	8.7	8.3	7.7	7.2	6.9	6.8	6.8
Latin America and the Caribbean							1.4
Caribbean							2.9
Mesoamerica							1.0
South America							1.4
Argentina		1.7					
Belize				1.8			
Brazil					3.1		
Colombia	1.0	1.6	0.9				
Cuba	2.4				2.0		
Dominican Republic	1.5				2.2		
Ecuador					3.7		
Guatemala	3.7			0.8			
Guyana	12.1				6.5		
Haiti	5.5						
Honduras					1.9		
Jamaica	3.0		4.8				
Mexico				1.0	1.4	1.6	
Panama					1.1		
Paraguay		1.1					
Peru	1.1	1.0	0.7	0.6	0.4	0.4	
Suriname	7.0		5.0				
Trinidad and Tobago	5.2						
Venezuela (Bolivarian Republic of)	3.9	4.8					

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

TABLE 24

Prevalence of overweight among children under 5 years of age (percent)

	2000	2005	2010	2012	2015	2019	2020	2022
World	5.3	5.6	5.5	5.5	5.5	5.6	5.6	5.6
Latin America and the Caribbean	6.8	7.1	7.3	7.4	7.7	8.1	8.3	8.6
Caribbean	6.1	6.4	6.4	6.5	6.5	6.6	6.6	6.6
Mesoamerica	6.9	6.7	6.6	6.6	6.5	6.5	6.5	6.7
South America	6.9	7.4	7.7	7.9	8.3	9.0	9.3	9.7
Argentina	10.7	10.8	10.9	11.0	11.2	11.8	12.0	12.6
Barbados	8.9	10.2	11.4	11.8	12.4	12.7	12.7	12.5
Belize	11.9	11.1	9.4	8.7	7.7	6.6	6.3	5.9
Bolivia (Plurinational State of)	9.0	9.2	9.1	8.9	8.7	8.8	8.8	9.0
Brazil	6.2	7.0	7.6	7.9	8.5	9.4	9.7	10.3
Chile	11.5	11.2	10.2	9.8	9.4	9.0	8.9	8.8
Colombia	4.7	4.8	5.0	5.0	5.2	5.7	5.8	6.2
Costa Rica	7.9	7.8	7.6	7.6	7.5	7.5	7.6	7.6
Cuba	8.9	9.2	9.6	9.7	9.9	10.1	10.1	10.2
Dominican Republic	7.1	7.7	7.5	7.5	7.5	7.5	7.5	7.6
Ecuador	3.8	4.9	6.6	7.5	9.0	10.6	11.0	11.9
El Salvador	4.6	5.3	6.0	6.2	6.5	6.7	6.7	6.8
Guatemala	6.2	5.7	5.2	5.1	4.8	4.7	4.7	4.8
Guyana	4.7	5.7	6.1	6.2	6.3	6.1	6.0	5.7
Haiti	3.7	3.6	3.4	3.4	3.5	3.6	3.6	3.7
Honduras	3.5	4.2	4.8	5.0	5.0	4.9	4.9	4.7
Jamaica	6.3	7.0	7.0	6.9	6.6	6.1	6.0	5.7
Mexico	7.4	7.1	6.9	6.8	6.7	6.7	6.7	6.9
Nicaragua	6.4	6.8	7.1	7.3	7.6	8.2	8.4	8.7
Panama	8.6	9.6	10.2	10.5	10.9	11.3	11.4	11.4
Paraguay	6.8	7.9	9.6	10.4	11.7	13.4	13.8	14.6
Peru	10.0	9.3	8.2	8.1	8.0	8.5	8.7	9.4
Saint Lucia	6.4	6.1	6.0	6.0	6.1	6.0	6.0	6.0
Suriname	3.4	3.5	3.7	3.7	3.7	3.8	3.8	3.8
Trinidad and Tobago	5.6	7.3	9.5	10.5	12.0	13.5	13.7	13.9
Uruguay	9.5	9.3	9.2	9.3	9.6	10.5	10.8	11.5
Venezuela (Bolivarian Republic of)	5.3	5.8	6.0	6.2	6.5	6.8	6.9	6.9

Source: UNICEF, WHO & World Bank. 2023. *Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

TABLE 25

Prevalence of anaemia among women aged 15 to 49 years (percent)

	2000	2005	2010	2012	2015	2017	2018	2019
World	31.2	29.9	28.6	28.5	28.8	29.3	29.6	29.9
Latin America and the Caribbean	25.6	22.8	19.3	18.2	17.3	17.1	17.1	17.2
Caribbean	34.8	32.0	29.2	28.7	28.6	28.8	29.0	29.2
Mesoamerica	22.5	19.0	16.1	15.2	14.5	14.3	14.4	14.6
South America	25.9	23.4	19.6	18.4	17.4	17.2	17.2	17.3
Antigua and Barbuda	22.0	19.6	17.1	16.7	16.6	16.9	17.0	17.2
Argentina	16.2	15.5	13.4	12.7	12.1	11.9	11.8	11.9
Bahamas	17.4	15.5	13.9	13.3	13.4	13.7	14.1	14.5
Barbados	20.6	19.1	17.3	16.9	16.7	16.7	16.8	17.0
Belize	27.2	24.5	21.9	21.2	20.6	20.5	20.5	20.5
Bolivia (Plurinational State of)	33.1	32.6	30.0	28.6	26.7	25.1	24.6	24.4
Brazil	26.9	24.2	19.9	18.3	16.8	16.3	16.2	16.1
Chile	9.2	8.3	7.9	7.9	8.0	8.3	8.5	8.7
Colombia	30.3	27.5	23.3	22.1	21.1	20.9	21.0	21.2
Costa Rica	16.1	14.1	12.4	12.3	12.6	13.0	13.3	13.7
Cuba	28.5	25.1	21.0	20.2	19.5	19.3	19.2	19.3
Dominica	25.8	22.0	20.6	20.1	19.9	20.1	20.4	20.8
Dominican Republic	36.8	33.0	28.9	28.0	27.3	26.6	26.5	26.4
Ecuador	25.1	21.4	18.3	17.3	17.0	17.0	17.1	17.2
El Salvador	11.4	10.5	10.0	9.9	9.9	10.1	10.4	10.6
Grenada	24.6	21.6	19.6	18.9	18.7	18.8	19.0	19.2
Guatemala	22.4	17.7	12.9	11.0	8.9	7.9	7.6	7.4
Guyana	44.1	40.3	35.9	34.4	32.7	32.0	31.8	31.7
Haiti	53.8	50.8	48.2	47.6	47.4	47.5	47.6	47.7
Honduras	21.5	18.4	16.8	16.6	16.9	17.3	17.6	18.0
Jamaica	24.8	22.0	20.0	19.5	19.4	19.5	19.6	19.9
Mexico	23.5	19.8	16.8	15.9	15.1	15.0	15.1	15.3
Nicaragua	19.5	15.2	13.5	13.3	13.9	14.6	15.1	15.7
Panama	28.5	26.2	23.0	22.1	21.3	21.1	21.2	21.2
Paraguay	24.1	23.8	22.2	22.2	22.4	23.0	23.0	23.0
Peru	32.4	27.4	22.0	20.6	20.1	20.2	20.4	20.6
Saint Kitts and Nevis	20.6	18.6	17.0	16.0	14.9	14.8	15.1	15.4
Saint Lucia	19.0	17.0	14.9	14.1	13.7	13.9	14.1	14.3
Saint Vincent and the Grenadines	24.6	20.7	18.0	17.3	16.9	16.7	16.8	17.0
Suriname	27.6	24.5	21.1	20.3	20.2	20.5	20.7	21.0
Trinidad and Tobago	25.5	21.8	18.8	17.8	17.4	17.4	17.5	17.7
Uruguay	13.4	14.2	13.3	13.2	13.8	14.4	14.7	15.0
Venezuela (Bolivarian Republic of)	27.4	25.0	21.3	20.9	21.9	23.0	23.7	24.2

Note: The estimates refer to women aged 15 to 49 years, including pregnant, non-pregnant women and lactating women and were adjusted for altitude and smoking. WHO defines anaemia in pregnant women as a haemoglobin concentration <110 g/L at sea level, and anaemia in non-pregnant women and lactating women as a haemoglobin concentration <120 g/L.

Source: WHO. 2021. Global anaemia estimates, Edition 2021. In: WHO | *Global Health Observatory (GHO)* data repository. Geneva, Switzerland. [Cited 20 April 2023]. www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

TABLE 26

Prevalence of obesity among adults (percent)

	2000	2005	2010	2012	2014	2015	2016
World	8.7	9.9	11.2	11.8	12.5	12.8	13.1
Latin America and the Caribbean	16.6	18.9	21.2	22.2	23.2	23.7	24.2
Caribbean	15.2	17.8	20.8	22.0	23.4	24.0	24.7
Mesoamerica	19.1	21.6	24.1	25.1	26.2	26.7	27.3
South America	15.8	18.0	20.2	21.1	22.1	22.5	23.0
Antigua and Barbuda	12.7	14.4	16.2	17.1	18.0	18.4	18.9
Argentina	20.7	23.0	25.3	26.3	27.3	27.8	28.3
Bahamas	23.9	26.2	28.5	29.5	30.5	31.0	31.6
Barbados	15.1	17.4	19.8	20.9	22.0	22.5	23.1
Belize	16.4	18.7	21.0	22.0	23.0	23.6	24.1
Bolivia (Plurinational State of)	13.2	15.2	17.4	18.3	19.3	19.7	20.2
Brazil	14.5	16.8	19.2	20.1	21.1	21.6	22.1
Chile	20.6	22.8	25.1	26.1	27.0	27.5	28.0
Colombia	15.4	17.4	19.5	20.4	21.4	21.9	22.3
Costa Rica	14.8	18.0	21.4	22.9	24.3	25.0	25.7
Cuba	17.3	19.4	21.7	22.6	23.6	24.1	24.6
Dominica	19.4	21.8	24.5	25.6	26.8	27.3	27.9
Dominican Republic	16.0	19.3	23.0	24.5	26.1	26.9	27.6
Ecuador	13.2	15.2	17.2	18.1	19.0	19.4	19.9
El Salvador	15.6	18.4	21.1	22.2	23.4	24.0	24.6
Grenada	13.5	15.7	18.1	19.1	20.2	20.7	21.3
Guatemala	12.9	15.3	17.8	18.9	20.0	20.6	21.2
Guyana	11.9	14.3	16.8	17.9	19.0	19.6	20.2
Haiti	10.9	13.9	17.7	19.4	21.0	21.8	22.7
Honduras	12.6	15.0	17.8	19.0	20.1	20.8	21.4
Jamaica	15.9	18.4	21.1	22.3	23.5	24.1	24.7
Mexico	20.8	23.3	25.8	26.8	27.8	28.3	28.9
Nicaragua	15.6	17.9	20.4	21.5	22.5	23.1	23.7
Panama	14.7	17.2	19.6	20.6	21.6	22.2	22.7
Paraguay	12.3	14.7	17.2	18.2	19.2	19.8	20.3
Peru	13.5	15.3	17.3	18.1	18.9	19.3	19.7
Saint Kitts and Nevis	14.4	16.7	19.3	20.4	21.6	22.3	22.9
Saint Lucia	12.9	14.8	16.5	17.4	18.5	19.1	19.7
Saint Vincent and the Grenadines	14.6	17.2	20.0	21.2	22.4	23.1	23.7
Suriname	18.9	21.2	23.5	24.4	25.4	25.9	26.4
Trinidad and Tobago	10.6	12.9	15.3	16.3	17.4	18.0	18.6
Uruguay	20.6	22.8	25.1	26.0	27.0	27.5	27.9
Venezuela (Bolivarian Republic of)	19.4	21.4	23.3	24.0	24.8	25.2	25.6

Source: WHO. 2020. Global Health Observatory (GHO) data repository. In: *WHO*. [Cited 28 April 2020]. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

TABLE 27

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

	2000	2005	2012	2015	2019	2020	2021
World			37.0				47.7
Latin America and the Caribbean			34.3				42.6
Caribbean			29.4				31.4
Mesoamerica			21.7				37.7
South America			42.2				46.8
Barbados			19.7				
Belize				33.2			
Bolivia (Plurinational State of)	38.6		64.3				
Brazil					45.8		
Colombia	25.1	46.8					
Cuba	41.2				40.6		
Dominican Republic	11.0				15.8		
Guatemala				53.2			
Guyana	10.4						
Haiti	23.0		39.3				
Honduras			30.7		30.2		
Jamaica		15.2					
Mexico			14.4	30.1	27.1		35.9
Nicaragua			31.7				
Peru	66.6	63.3	67.4	62.7	65.3	68.0	63.9
Saint Lucia			3.5				
Suriname	4.7						
Trinidad and Tobago	2.3						

Source: UNICEF. 2022. Infant and young child feeding. In: *UNICEF*. [Cited 6 April 2023].
<https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/>

TABLE 28

Prevalence of low birthweight (percent)

	2000	2005	2010	2012	2015	2019	2020
World	16.6	16.1	15.3	15.0	14.8	14.6	14.7
Latin America and the Caribbean	9.3	9.4	9.5	9.5	9.5	9.6	9.6
Caribbean	10.8	11.1	11.3	11.4	11.5	11.7	11.7
Mesoamerica	10.6	10.7	10.8	10.9	10.9	10.9	10.9
South America	8.5	8.6	8.6	8.6	8.7	8.8	8.8
Antigua and Barbuda	14.1	14.5	14.9	15.1	15.2	15.4	15.4
Argentina	7.3	7.4	7.2	7.2	7.3	7.4	7.4
Bahamas	14.6	14.8	15.2	15.3	15.4	15.4	15.4
Belize	10.9	10.9	11.2	11.3	11.4	11.5	11.6
Bolivia (Plurinational State of)	8.9	8.7	8.4	8.3	8.1	8.0	7.9
Brazil	8.0	8.2	8.3	8.3	8.5	8.7	8.7
Chile	5.3	5.6	6.0	6.1	6.4	6.8	6.8
Colombia	9.7	10.0	10.4	10.5	10.6	10.9	11.0
Costa Rica	8.3	8.4	8.5	8.5	8.6	8.7	8.7
Cuba	7.1	7.1	7.2	7.2	7.2	7.1	7.1
Dominican Republic	10.2	11.0	11.8	12.1	12.6	13.2	13.4
Ecuador	11.5	11.3	11.1	10.9	10.8	10.7	10.6
El Salvador	10.4	10.5	10.4	10.4	10.3	10.2	10.2
Guatemala	13.9	14.1	14.3	14.4	14.5	14.5	14.5
Guyana	16.3	16.6	16.9	17.0	17.1	17.2	17.2
Honduras	11.5	11.8	12.3	12.5	12.8	13.0	13.1
Jamaica	14.9	14.7	14.5	14.3	14.1	13.8	13.7
Mexico	10.0	10.1	10.2	10.2	10.2	10.2	10.2
Nicaragua	11.4	11.2	10.9	10.7	10.5	10.2	10.1
Panama	11.5	11.4	10.9	10.7	10.5	10.3	10.3
Paraguay	9.8	10.1	10.0	10.0	10.0	10.0	10.0
Peru	10.2	9.5	8.6	8.3	8.0	7.6	7.5
Saint Lucia	14.4	15.0	15.7	15.9	16.1	16.2	16.3
Suriname	14.2	14.8	15.4	15.7	16.0	16.4	16.5
Trinidad and Tobago	15.1	15.4	15.7	15.9	16.2	16.3	16.3
Uruguay	8.4	8.4	8.1	8.0	7.9	7.8	7.8
Venezuela (Bolivarian Republic of)	8.7	8.9	8.9	9.0	9.1	9.3	9.3

Source: UNICEF & WHO. 2023. *UNICEF-WHO low birthweight database*, July 2023. [Cited 12 July 2023].www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates

TABLE 29

Affordability of a healthy diet

	Number of people unable to afford a healthy diet (million)					Percentage of people unable to afford a healthy diet (percent)				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
World	3 124.9	3 019.1	3 005.5	3 191.9	3 139.5	43.8	41.8	41.2	43.3	42.2
Latin America and the Caribbean	124.5	119.5	120.0	121.9	133.4	22.0	20.9	20.8	20.9	22.7
Caribbean	13.6	13.4	13.7	14.8	15.4	52.4	51.1	51.6	55.2	57.0
Mesoamerica	38.3	37.3	35.7	38.7	34.2	25.8	24.9	23.6	25.4	22.2
South America	72.5	68.8	70.6	68.4	83.8	18.6	17.4	17.7	17.0	20.6
Antigua and Barbuda	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Argentina	3.0	n.r.	n.r.	n.r.	n.r.	6.8	n.r.	n.r.	n.r.	n.r.
Aruba	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Bahamas	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Belize	0.2	0.2	0.2	0.2	0.2	50.9	50.7	49.4	57.0	53.0
Bolivia (Plurinational State of)	2.4	2.2	1.9	2.1	1.8	20.9	19.1	16.0	17.2	15.1
Brazil	41.0	38.9	39.9	27.1	48.1	19.6	18.5	18.8	12.7	22.4
British Virgin Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Cayman Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Chile	0.8	0.8	0.9	1.1	0.7	4.6	4.5	4.7	5.9	3.5
Colombia	12.0	12.0	12.7	17.2	16.1	24.8	24.3	25.4	33.7	31.3
Costa Rica	0.8	0.8	0.8	1.1	0.7	16.0	16.3	16.3	21.0	14.2
Curaçao	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominican Republic	2.6	2.3	2.2	2.7	2.9	24.9	21.7	20.6	25.0	25.8
Ecuador	2.9	3.1	3.4	4.4	3.5	17.6	18.3	19.8	25.1	19.7
Grenada	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Guyana	0.3	0.3	0.3	0.2	0.1	45.0	44.5	42.0	24.9	18.5
Haiti	9.2	9.3	9.7	10.1	10.6	84.7	84.7	86.9	88.9	92.6
Honduras	4.7	4.7	4.6	5.0	4.6	48.5	48.0	46.5	49.7	44.8
Jamaica	1.6	1.6	1.6	1.8	1.8	57.9	57.1	57.9	64.0	62.6
Mexico	29.9	28.7	27.0	29.1	25.6	24.3	23.1	21.6	23.1	20.2
Nicaragua	2.1	2.3	2.4	2.5	2.3	32.3	34.4	35.6	37.0	34.2
Panama	0.7	0.6	0.6	0.8	0.7	17.5	15.5	15.2	18.9	17.0
Paraguay	1.3	1.2	1.2	1.3	1.4	19.9	18.3	17.7	20.3	20.4
Peru	8.4	7.6	7.0	11.4	8.6	26.6	23.5	21.4	34.2	25.7
Saint Kitts and Nevis	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Saint Lucia	0.0	0.0	0.0	0.1	0.0	20.9	20.6	21.2	31.6	27.2
Saint Vincent and the Grenadines	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sint Maarten (Dutch part)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Suriname	0.3	0.3	0.3	0.3	0.4	44.5	45.0	43.9	54.3	58.6
Trinidad and Tobago	0.1	0.1	0.1	0.1	0.2	6.5	7.0	7.1	9.1	9.9
Turks and Caicos Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Uruguay	0.1	0.1	0.1	0.2	0.2	2.8	3.0	3.3	5.3	5.2

Note: n.a. = data not available; n.r. = not reported.

Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

TABLE 30

Cost of a healthy diet (PPP dollars per person per day)

	2017	2018	2019	2020	2021
World	3.295	3.355	3.431	3.511	3.662
Latin America and the Caribbean	3.619	3.692	3.775	3.876	4.081
Caribbean	3.837	3.953	4.064	4.200	4.411
Mesoamerica	3.368	3.419	3.454	3.482	3.625
South America	3.417	3.439	3.504	3.589	3.818
Antigua and Barbuda	4.112	4.302	4.391	4.504	4.684
Argentina	3.341	n.r.	n.r.	n.r.	n.r.
Aruba	3.418	3.620	3.907	4.007	4.116
Bahamas	4.276	4.387	4.364	4.488	4.661
Belize	2.476	2.517	2.574	2.632	2.797
Bolivia (Plurinational State of)	3.551	3.648	3.769	3.755	3.927
Brazil	2.809	2.800	2.882	3.084	3.350
British Virgin Islands	3.235	3.087	3.281	3.220	3.425
Cayman Islands	2.928	2.866	2.701	2.910	3.050
Chile	3.053	3.180	3.276	3.349	3.387
Colombia	2.863	2.893	2.932	3.080	3.301
Costa Rica	3.961	4.000	4.048	3.889	3.925
Curaçao	2.866	2.988	3.144	3.236	3.495
Dominica	4.000	4.146	4.236	4.345	4.561
Dominican Republic	3.521	3.608	3.744	3.884	4.128
Ecuador	2.788	2.816	2.861	2.928	3.035
Grenada	5.382	5.536	5.625	5.796	6.097
Guyana	4.629	4.742	4.828	4.887	5.117
Haiti	3.930	4.075	4.275	4.490	4.814
Honduras	3.360	3.415	3.404	3.486	3.595
Jamaica	5.975	6.141	6.398	6.681	7.033
Mexico	2.993	3.071	3.039	3.074	3.205
Nicaragua	3.191	3.245	3.279	3.335	3.540
Panama	4.225	4.268	4.382	4.476	4.687
Paraguay	3.430	3.511	3.519	3.543	3.867
Peru	3.084	3.062	3.098	3.133	3.334
Saint Kitts and Nevis	2.998	3.179	3.310	3.405	3.526
Saint Lucia	3.263	3.400	3.517	3.595	3.673
Saint Vincent and the Grenadines	4.131	4.232	4.293	4.454	4.697
Sint Maarten (Dutch part)	4.462	4.713	4.835	5.094	5.273
Suriname	4.969	5.311	5.337	5.739	6.090
Trinidad and Tobago	3.928	4.028	4.083	4.224	4.524
Turks and Caicos Islands	2.809	2.893	2.974	3.075	3.229
Uruguay	3.073	3.170	3.254	3.414	3.543

Note: n.a. = data not available; n.r. = not reported.

Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>

ANNEX II

DEFINITION OF INDICATORS

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 FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: *FAO*. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

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: FAO. 2023. FAOSTAT: Suite of Food Security Indicators. In: *FAO*. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/FS>

Stunting, wasting and overweight in children under 5 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–≤ 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. 2023. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: key findings of the 2023 edition*. New York, UNICEF and WHO. <https://data.unicef.org/resources/jme-report-2023>

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. 2022. Infant and young child feeding. In: *UNICEF*. [Cited 6 April 2023]. <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. 2023. *UNICEF-WHO low birthweight database, July 2023*. [Cited 12 July 2023]. www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates

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: *WHO*. [Cited 28 April 2020]. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

Anaemia in women aged 15 to 49 years

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*. [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: *WHO | Global Health Observatory (GHO) data repository*. [Cited 20 April 2023]. www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

Cost and affordability of a healthy diet

The cost of a healthy diet indicator is the cost of purchasing the least expensive locally available foods to meet the energy requirements and food-based dietary guidelines (FBDGs) for a representative person within energy balance at 2 330 kcal/day. The cost of a healthy diet is converted to international dollars using purchasing power parity (PPP).

The healthy diet affordability indicators measure the percentage and number of people in the total population unable to afford a healthy diet. A healthy diet is considered unaffordable in a country when its cost exceeds 52 percent of household income. This percentage accounts for a portion of income that can be credibly reserved for food, based on observations that the population in low-income countries spend, on average, 52 percent of their income on food, as derived from the 2017 national accounts household expenditure data of the World Bank's International Comparison Programme (ICP). Income data is provided by the World Bank's Poverty and Inequality Platform.

Data source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: *FAO*. Rome. [Cited July 2023]. <https://www.fao.org/faostat/en/#data/CAHD>



ANNEX III NOTES

For specific country notes, See Tables A.1.1 and A.1.2 in FAO, IFAD, UNICEF, WFP & WHO. 2023. *The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood system transformation and healthy diets across the rural-urban continuum*. Rome, FAO. <https://www.fao.org/documents/card/en/c/cc3017en>

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.

Estimates are not available for the Caribbean for the period 2014–2019 as data is available only for countries representing less than 50 percent of the population in the subregion. The estimates for Latin America and the Caribbean from 2014 to 2019 include Caribbean countries with a combined population representing only 30 percent of the population of that subregion, while the 2020, 2021 and 2022 estimates include

Caribbean countries with a combined population representing between 60 and 65 percent of the subregional population. The countries included in the 2022 estimate for the Caribbean are: Antigua and Barbuda, the Bahamas, Barbados, Dominica, the Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

Child stunting, wasting and overweight

For child wasting regional estimates, values correspond to the model predicted estimates for 2022 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 IV

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, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of).

**Latin America and the Caribbean – Regional Overview of Food Security and
Nutrition 2023: Statistics and trends**

Corrigendum

11/16/2023

The following corrections were made to the PDF of the report after it was published

Page	Location	Text in original PDF	Text in corrected PDF
1	Key message 6	and in the Caribbean 28.5 percent (12.5 million).	and in the Caribbean 28.2 percent (12.5 million).
25	Par 2	Guyana has a prevalence of 6.9 percent	Guyana has a prevalence of 6.5 percent
29	Par 1	in Brazil and Barbados the prevalence increased by 4.2 and 3.6 percentage points, respectively (FIGURE 15).	in Brazil and Barbados the prevalence increased by 4.1 and 3.6 percentage points, respectively (FIGURE 15).
40	Par 1	Haiti (16.6 percentage points between 2000 and 2017)	Haiti (16.9 percentage points between 2000 and 2017)

ISBN 978-92-5-138358-2



9 789251 383582

CC8514EN/1/11.23