



# National Nutrition Policy



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## FOREWORD



*Honorable Kevin Bernard*

Dear Fellow Citizens,

I am delighted to introduce this nutrition policy document that outlines our government's vision and commitment to improving the health and well-being of our people.

As the Minister of Health, I recognize that nutrition plays a critical role in determining the health outcomes of our citizens. Good nutrition not only helps prevent chronic diseases but also contributes to a productive and prosperous society. Therefore, we have made it our priority to create a supportive environment that enables everyone to make informed and healthy food choices.

This policy document is the result of our collaboration with experts, stakeholders, and communities across the country. It presents a comprehensive framework for addressing the complex challenges of nutrition, such as food insecurity, malnutrition, and diet-related diseases. It also highlights our government's efforts to ensure equitable access to safe, nutritious, and affordable food for all.

Our goal is to create a sustainable and resilient food system that promotes healthy eating habits and reduces the burden of diet-related diseases. We recognize that this is a complex and multifaceted challenge, and it requires a coordinated and collaborative effort from all sectors of society.

I am committed to working with my colleagues in the government, industry, civil society, and academia to ensure the successful implementation of this policy. Together, we can create a healthier and happier nation by promoting good nutrition and a healthy lifestyle for all.

Sincerely,

Minister of Health and Wellness

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## ACKNOWLEDGMENT

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## ABBREVIATIONS

<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>CARICOM</b>	Caribbean Community
<b>CARPHA</b>	Caribbean Public Health Agency
<b>CDC</b>	Centre for Disease Control
<b>CHW</b>	Community Health Worker
<b>COMBI</b>	Communication for Behavioral Impact
<b>CROSQ</b>	Caribbean Regional Organization for Standards and Quality
<b>DBM</b>	Double Burden of Malnutrition
<b>FAO</b>	Food and Agriculture Organization
<b>FOPWL</b>	Front of Package Warning Label
<b>INCAP</b>	Institute of Nutrition for Central America and Panama
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MND</b>	Micronutrient deficiency
<b>NCDs</b>	Non-Communicable Diseases
<b>NFSNC</b>	National Food Security and Nutrition Commission
<b>PAHO</b>	Pan American Health Organization
<b>SDG</b>	Sustainable Development Goals
<b>SIB</b>	Statistical Institute of Belize
<b>UNICEF</b>	United Nations Children’s Fund
<b>WASH</b>	Water and Sanitation Hygiene
<b>WCBA</b>	Women of Child-Bearing Age
<b>WFP</b>	World Food Program
<b>WHO</b>	World Health Organization

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## BACKGROUND

Nutrition is a critical part of health and development and involves the body getting all the required nutrients, vitamins, and minerals it needs to work at its best. Good nutrition supports strong immune systems, improved infant, child and maternal health, safe pregnancies and a lower risk of non-communicable diseases (such as diabetes and heart disease). Inadequate food and nutrient intake results in malnutrition which poses significant threats to health.

Malnutrition is characterized by over or under nutrition and occurs when there is a deficiency or excess in nutrient intake, an imbalance of essential nutrients or impaired nutrient utilization. Undernutrition occurs when the body receives insufficient nutrients, which leads to wasting, stunting or micronutrient deficiencies. Wasting is a characteristic of a person being underweight for their height and is life-threatening if not treated particularly during the critical first 1,000 days of life when development occurs the fastest. Stunting is a chronic condition that occurs when a child's height is low for their age. It is a result of excessive undernutrition and inhibits a child's mental and physical development. Children who experience stunting or wasting are also likely to suffer from diet related chronic diseases, weakened immunity and more susceptible to long-term health issues. In 2020, over 149 million children worldwide under the age of 5 were affected by stunting, and 45 million were affected by wasting (WHO, 2020). Undernutrition greatly affects children by inhibiting their school performance due to the deficits generated by the disease and the limitations in learning capacity associated with lower cognitive development. This further results in late school entry, repetition, dropout, and low educational levels, which further impact productivity and career paths.

Over nutrition is defined as the excessive consumption of nutrients and food to the point where health is affected. This condition usually develops into obesity, which increases the risk of developing life-threatening diseases such as, cardiovascular disease, hypertension, cancer, and type 2 diabetes. In Latin America and the Caribbean, cardiovascular diseases is one of the leading causes of death (WHO, 2020). Obesity, which is characterized as having too much weight for one's height is a form of malnutrition that affects a significant percentage of people and is one of the biggest drivers of illnesses worldwide. The WHO reports 1.9 billion adults are overweight or obese, and 462 million are underweight. The 2020 statistics show that 38.9 million children were overweight or obese. The direct effects of over nutrition can be seen in the high global rates and the increased cost of its management and treatment. Over nutrition affects people's health by increasing the risk associated with diseases, the incidence of NCD and the probability of death. Although the health effects may be slow, they are long-lasting and the leading cause of adult mortality and morbidity worldwide. (WHO, 2020)

### ***MICRONUTRIENT DEFICIENCIES***

Micronutrient deficiencies (MNDs) occur when there is not enough of one or more of the micronutrients required for optimal health. These usually include vitamin and mineral deficiencies and are more common in children and women. MNDs can intensify malnutrition, impair health, educational attainment, and increase the likelihood of other diseases. Deficiencies, such as iron, zinc, iodine, and vitamin A, are related to poor cognitive development which leads to delayed learning and poor health outcomes. For example, insufficient iron can cause iron deficiency anemia, particularly in pregnant women, which leads to pregnancy complications and birth defects in children. Other consequences of malnutrition can include loss of appetite, weight loss, low energy levels, poor growth and development, increased risk of infection, long recovery and poor healing.

### ***THE DOUBLE BURDEN OF MALNUTRITION***

The double burden of malnutrition (DBM) is characterized by the existence of undernutrition with overweight, obesity or diet related NCDs, in individuals across the life cycle. (WHO, 2017) The health effects of the DBM include, such as poor childhood development, increased risk of infectious diseases, and an increased risk of non-communicable diseases including overweight and obesity. Reducing the double burden of malnutrition requires a multi-sectoral approach that aims to improve nutrition at all critical stages of life, integrating nutrition services and solutions within broader health systems, as well as highlighting programmes to improve water, sanitation, and hygiene (WASH), food systems, social protection, education, and mental health (WHO, 2017).

### ***MALNUTRITION AND POVERTY***

Poor nutritional status, food insecurity, vulnerability to disease, reduced productivity levels, and compromised physical and intellectual development are usually characteristics of people living in poverty (Vorster, 2010). Poverty is depicted as a deprivation of basic amenities that restricts individuals from living a good and healthy life. Limitations include living standards, education, sanitation, hygiene, health and nutrition. Poverty creates unstable and unfavorable conditions within health which also fuels the problem of malnutrition. Good nutrition can reduce the effects of malnutrition and poverty and can create opportunities that can gradually break these cycles (Heltberg, 2009). Malnutrition is fueled by poverty, the quality of food intake, hidden hunger and increasing deficiencies of essential vitamins and minerals. Good health is needed to decrease poverty levels, contribute to economic growth and improve a country's welfare. Without adequate nutrition, human capital can decline due to increased susceptibility to illness. Malnutrition negatively impacts physical and mental development, intellectual capacity, productivity and the economic potential of an individual. Therefore, as a consequence, economic stability is threatened, making a person more vulnerable to poverty. (Vorster, 2010)

## ***NUTRITION AND FOOD SECURITY***

Nutrition is a big component of food security which thrives on the concept that all persons should have access to healthy food and receive optimal nutrition. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for an active and healthy life (FAO, 1996). In a broader perspective, food security is intertwined with sustainable food and agricultural sectors, whereby the needs of present and future generations are met in commitment with the environmental, social, and economic dimensions. There are four pillars that contribute to achieving food security namely: food availability, access, food utilization and stability. Food availability and access looks at domestic production, import capacity, food stocks, and ensuring that there is enough food in the country. It also involves the concept of purchasing power, income of persons, transport systems and market infrastructure. Utilization of food looks at food intake in the body and the ability of the body to use nutrients. Areas such as food safety, processing, transportation and nutrient needs are involved at this stage. Stability looks at the consistent supply and accessibility of food. Aspects such as weather conditions, climate change, price fluctuations and even political factors contribute to this area. Understanding the structural and underlying causes of food insecurity and malnutrition is needed to identify and prioritize nutrition for all people. (FAO, 1996)

## ***NUTRITION AND THE SUSTAINABLE DEVELOPMENT GOALS***

Nutrition is also embedded within several of the Sustainable Development Goals (SDGs). The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace, good health, and prosperity. The 17 SDGs are integrated with action in one area that will also affect outcomes in others, and that development must balance social, economic, and environmental sustainability. For example, good nutrition affects educational attainment (SDG 4), which also influences income-earning potential. Nutrition is also necessary for the achievement of SDG 1 on poverty, SDG 2 on zero hunger, SDG 3 on health, and SDG 8 on sustainable growth. (Global Nutrition Report, 2016)

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## BELIZE POPULATION

Belize has a multiracial descent population comprising of an estimated 430,000 in which 50% of the population represents persons under the age 20 years (SIB, 2020). The ethnicity of the population which reflects the highest proportion are Mestizo, Creole, Maya, Garifuna which are the dominant ethnic groups. Mestizo represented the largest group, with a total population of a little over 50%, while the Creoles accounted for 21%, and the Maya and Garifuna 10% and 4.6% respectively. There are also large communities of Asians, East Indians, expatriate Americans and Africans residing in Belize. Children represent approximately one third of the total population while children below age 15 represent 35.5% of the population, (*under age 5 is 11.7% and 5 to 14 represent 23.8%*). Persons aged 15 to 59 represent 58%; and persons above age of 60 represent 6.1% (SIB, 2020)

It is necessary to mainstream nutrition in the Social and Economic Development of Belize. The economy of Belize has been based mainly on exports of traditional commodities with access to preferential markets in the sugar, citrus, and banana sector. These sectors account for 65% of Belize's total exports and another 10% if aquaculture is added. Grains constitute the non-traditional commodities, while dairy farming is also growing in importance along with the livestock industry. The following agricultural products which are considered sensitive (rice, beans, onions, beef, pork, dairy, poultry, eggs) and intended basically for internal consumption, are gradually increasing their integration into the export market. (SIB, 2020)

There are few professionally trained nutritionists within the both public and private sectors of healthcare; therefore, nutritionists and other health-care providers such as health educators, physicians and public and rural health nurses all form part of a team that provides an integrated informational and educational package on nutrition to the population, at both urban and rural levels. This team is also supported by Community Health Workers (CHWs) at the local or community level, who are trained in nutrition and food security with the objective of supporting counselling techniques and general nutrition promotion. General areas of nutrition include what are healthy foods, healthy food preparation and recipes, nutrition through the life cycle and nutritional management of NCDs.

### ***SITUATIONAL ANALYSIS OF NUTRITION IN BELIZE***

The importance of nutrition begins within the womb, therefore providing good nutrition is vital to the health of the mother and leads to a healthy baby. Maternal health and exclusive breastfeeding are two of the first phases of life that significantly depend on proper nutrition and represents the best nutrition respectively. Exclusive breastfeeding from birth to 6 months of age provides a child with all the nutrients they need for their health and development and strengthens their immunity. Breastfeeding is heavily promoted as it saves cost associated with health care, helps prevent overweight in children, makes babies smarter, promotes attachment and bonding, and protects the mother against breast and ovarian cancer (WHO, 2021). Iron deficiency anemia has been affecting women in their reproductive years and young children for some time. The consequences of anemia include pregnancy complications, birth defects, and growth retardation in children. In 2011, the National Micronutrient Study reported 5.5% iron deficiency in children under 5 years and 21% moderate anemia in pregnant women, showing a decrease in this trend since 1990 when it was 27.2%, and a further decrease to 21% in 2019 (World Bank, 2019). The latest rate for anemia among women of reproductive age (15 – 49 years) was 21.7% as reported from the World Bank estimates.

Folate Deficiency is prevalent in Women of Childbearing Age (WCBA) in Belize and is negatively affected by coexisting Vitamin B-12 Deficiency. The Belize National Micronutrient Survey 2011 concluded that in Belize, the prevalence of folate and vitamin B-12 deficiencies continues to be a public health concern among WCBA. Results from the survey showed a 47.9% deficiency in vitamin B-12 among pregnant women and 6.9% in children under 5 years. Furthermore, low folate status co-occurred with low vitamin B-12 status, underscoring the importance of providing adequate vitamin B-12 and folic acid intake through approaches such as mandatory food fortification. (Rosenthal et al 2011).

In 2012, the Ministry of Health in collaboration with the Center for Diseases Prevention and Control (CDC) established a standardized hospital based neural tube defects and other observable congenital malformations surveillance system. This public health intervention was a contributory factor to the reduction in the NTDs prevalence rate from 1.8 in 2012 to 0.8 in 2018.

The Multiple Indicator Cluster Survey (MICS), a population based survey was done in Belize by the Statistical Institute of Belize in collaboration with the Government of Belize and UNICEF. To date, globally, there have been five rounds of MICS. Belize completed MICS 3, 4 and 5 in 2006, 2011 and 2015 respectively. The overall data showed high prevalence rates of stunting among children under five years of age. In 2006, the prevalence rate was 17.6%, and in 2011 and 2015/2016 19.3%, and 15% respectively. It must be noted that the Toledo District reports the highest prevalence of stunting throughout the country. (MICS 2006, 2011, 2015/16)

In 2016, low birth weight was at 12.1% representing an increase compared to 2011 when it was 11.1%. However, exclusive breastfeeding increased from 14.7% in 2011 to 33.2% in 2016. Countrywide, overweight in children under 5 years was 7.3% in 2016. The highest percentage of children under 5 who are overweight or obese (11%) can be found in Belize City – the majority (9%) can be found in the south side of the city, where poverty is highest. (MICS, 2015) Obesity in adults showed an estimated prevalence of 34.6% (aged 18 years and over) in women and 19.0% in adult men. (Global Nutrition Report, 2016)

In 2020, the prevalence of diabetes in Belizean adults was 14.9% (IDF, 2021), while hypertension had a prevalence of 24.4% in males and 21% in females in 2015. The highest causes of mortality in 2021 were diet related non-communicable diseases such as heart disease and diabetes (Belize Health Information System, Epi Unit, 2021)

The Global School Based Student Profile for Belize showed adolescents age 13-15 years reportedly have a prevalence rate of 35.8% of being overweight while 12.5% are obese. There were also 67% of adolescents who had unhealthy diets and consumed sugar sweetened carbonated drinks daily, while only 29% participated in at least 60 minutes of physical activity most days of the week. (WHO, 2011)

### ***FOOD CONSUMPTION PATTERNS AND FOOD INSECURITY IN BELIZE***

According to the Food Security and Livelihood Survey because of the impacts of COVID-19 and increased costs of living, it is estimated that 4.1 million people out of 7.1 million (57%) in the English-speaking Caribbean are food insecure. There has been a dramatic increase of 1.3 million since February 2022. Food consumption and diets have deteriorated, with 72% of respondents skipping meals/eating less, eating less preferred foods, or going an entire day without eating in the week leading up to the survey. People are buying fewer healthy foods and nearly a third of the respondents confirmed having less food at home. About 45% of persons have experienced moderate to severe levels of food insecurity with the Toledo and Corozal districts being most affected. (FAO, 2022)

The impact of the cost of living crisis was further compounded by the impacts of COVID-19 for states and territories within CARICOM, exposing them to higher vulnerability and food insecurity. Financing and political will can influence solutions to support those who have been impacted and governments are expected to take action to prevent devastating impacts and a lasting level of poverty, and food insecurity. Efforts such as the strengthening of social protection programs, regional and national food systems, supply chains, and accelerating capacities and investments can be a way to improve targeting for programs and interventions. (FAO, 2022)

Belizeans has been experiencing significant health problems associated with inadequate access and availability to healthy food, in addition, to high prevalence of obesity and non-communicable diseases. Simultaneously, there is excessive consumption of unhealthy food, (*foods high in sugars, salt/sodium and unhealthy fats*) which are directly associated to the high prevalence of overweight and obesity. This trend affects children, adolescents and adults. There is limited information related to food consumption patterns in Belize. However, a study done in the Aguacate Village, Toledo District, (*Changes in food consumption in an indigenous community in southern Belize, 1979 – 2019*), found a decrease in the frequency of the household daily consumption of corn, and an increase in the frequency of daily wheat flour, rice and chicken consumption. (Cleary et al, 2022)

### **COVID-19 AND NUTRITION IN BELIZE**

The Coronavirus disease (COVID-19) has brought additional high risks to the nutritional well-being of all populations including Belize. The pandemic has brought additional challenges for these world objectives increasing the problems associated with hunger worldwide, and it is expected that it will worsen malnutrition, especially among children. It is essential to recognize that persons most vulnerable to food and nutrition crisis in the context of COVID-19 are those who were already exposed to critical food and dietary deprivations before the onset of the crisis. Workers engaged in collecting, processing, marketing and distribution of food, including wholesale and retail as well as informal food vendors are particularly vulnerable to COVID-19 exposure and to disruption to their livelihoods. Addressing the COVID-19 crisis, requires a synergistic approach across sectors both to mitigate the immediate impacts and to reshape food systems so they support healthy diets for all persons in Belize.

## GOAL

To improve the nutritional status of Belize's population by 2033. This will be done by reducing malnutrition, promoting healthy eating habits, and forming a multi sectoral approach to ensure access to safe and nutritious food.

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## PURPOSE

The National Nutrition Policy will strengthen the regulatory and operational framework of government ministries and stakeholders with responsibility for the provision of nutrition and food security. This will contribute to identifying key priorities in nutrition and food security, set standards and develop strategies to guide the government, civil society, and international partners.

## SPECIFIC OBJECTIVES

1. To ensure good nutrition within the first 1000 days of life by promoting good nutrition within the prenatal period, exclusive breastfeeding for the first six months of life and appropriate complementary feeding practices.
2. To reduce the prevalence of undernutrition and micronutrient deficiencies by strengthening the national micronutrient program implementing targeted interventions and promoting the consumption of fortified foods.
3. To reduce overweight and obesity and manage risk factors associated with non-communicable diseases (NCDs) by promoting healthy eating habits and the consumption of a balanced diet.
4. To create enabling environments for the support and promotion of healthy eating throughout the life cycle and the promotion of physical activity, based on needs of various groups, particularly those that are vulnerable.
5. To create and ensure that nutrition programs and strategies are equitable and inclusive to address nutritional needs of vulnerable populations.
6. To increase awareness and knowledge of proper nutrition and its benefits through education and public awareness campaigns.
7. To support initiatives to enhance food safety, water, sanitation and quality control measures to prevent food borne illness by ensuring the availability of safe and nutritious foods.
8. To strengthen the nutrition surveillance system by establishing a monitoring system to track progress for nutrition goals and develop evidence that will inform programs, policy development, and resource allocation.
9. To foster partnerships with food industries, and other food sectors to improve food supply chain and promote healthy food options to the population.
10. To build partnerships with government and non-governmental organizations, civil society, and international agencies to form multi sector approaches and inter sectoral collaboration to support targeted nutrition strategies, research, and programs.

11. To develop and implement guidelines and standards for the labeling and advertising of food products to improve consumer understanding and prevent misleading claims.
12. To strengthen and build capacity of healthcare professionals to provide effective nutrition counseling and support to patients.
13. To strengthen the national capacity to provide timely and appropriate food and nutrition emergency response for natural and manmade disaster.

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## GUIDING PRINCIPLES FOR THIS POLICY

This Nutrition Policy provides support for intersectoral collaboration in efforts to substantially reduce levels of malnutrition in all its forms. Support will be ensured from national entities, to include public national authorities, civil society, private sector, NGOs and United Nations Agencies.

The following four (4) Guiding principles establishes a framework for expected outcomes and processes outlined within this policy.

It is expected that National Food and Nutrition Commission will act as a supporting body for all nutrition and food security issues in Belize.

### **1. Food availability and accessibility**

- There are marked differences in nutrition outcomes, or nutrition inequalities by key sociodemographic characteristics, such as geographic location, age, gender, ethnicity, education and wealth.
- It is essential for national strategies to address food availability and accessibility of nutritious food to reach all groups of people.
- It is likewise important to make available and enhance equitable access to nutrition services across population groups (ethnicity, socio-economic status) and across the life course.

### **2. Equity**

- Equity in Nutrition ensures that all people have the ability to access nutritious and culturally appropriate foods regardless of race, education, gender, employment, ability or community.
- Identifying barriers and allocating resources to remove those barriers is vital to achieving nutrition equity.

### **3. Solidarity**

- The food system hinges on public policies and the national structure and capacity of food production and distribution. Recognizing the Right to Food, efforts will be done to encourage national and international partners, on Nutrition and Food Security, to

improve and increase the collaboration for the attainment of the Sustainable Development Goals (SDGs) No. 2 and No. 3.

- SDG 2 aims to end all forms of hunger and malnutrition by 2030, this calls for a grounded multi-sectoral approach to food security and nutrition. SDG3 seeks to ensure health and well-being for all, at every stage of life.

#### **4. Leadership and Governance**

- It is important for policy leaders to recognize the national nutrition priorities in order for them to best allocate resources and strengthen existing policy frameworks.
- Local government and community engagement are key and fundamental for the appropriate use of local resources in order to support inter sectoral collaboration and participation.

## POLICY STRATEGIES

These strategies will directly contribute to the attainment of the Sustainable Development Goal 'Good Health and Well-being' (*SDG # 3*), and indirectly to 'No Poverty' (*SDG # 1*), Zero Hunger (*SDG # 2*) and 'Quality Education' (*SDG # 4*). These are also in direct support of the Belize National Plan of Action for the Prevention and Control of Non-Communicable Diseases, 2013 – 2023 and other government mandates for health and nutrition.

## **STRATEGY 1: PROMOTE GOOD NUTRITION WITHIN THE FIRST 1000 DAYS OF LIFE**

The first 1,000 days of life is the time of conception up to two years of age. It is a specific period of opportunity when optimum health, growth, and brain development across the lifespan is established. Good nutrition during pregnancy and early childhood plays a foundational role in enabling a child to grow, learn and thrive.

Breastfeeding gives babies the best start for a healthy life and has benefits for both mother and the baby. Exclusive breastfeeding is recommended from birth to 6 months with the introduction of appropriate complementary feeding (foods and drinks other than breastmilk) at this age, in addition to continued breastfeeding to 12 months and beyond, for as long as mother and child desire.

### **Strategic Activities**

#### **1.1 Increase support for nutrition care to ensure women in reproductive years receive optimal nutrition care during prenatal and postnatal periods**

The first 1,000 days refers to a child's life from the moment they are conceived until they reach 2 years of age (24 months). This is a time when their brain, body and immune system grows and develops significantly. During pregnancy, adequate health and nutrition care is critical and can affect the growth and development for a child.

#### **1.2 Scale up support for Public health facilities to implement the Baby-Friendly Hospital Initiative (BFHI) and the Ten Steps to Successful Breastfeeding.**

This BFHI initiative was launched by the World Health Organization and UNICEF to encourage health facilities to better support breastfeeding.

#### **1.3 Promote adequate complementary feeding guidelines for children 6 months to 2 years.**

Other nutritious foods must be introduced at the age of 6 months, and if they are not given inappropriately, an infant's growth and development will be hindered.

**1.4 Develop legislation that will oblige the private health facilities to promote the BFHI.**

**1.5 Ensure that the private sector has access to the Belize Health Information System for data management and integration.**

**1.6 Sensitize all stakeholders and implement actions from the updated National Breastfeeding Policy.**

This incorporates the International Code of Marketing of Breastmilk Substitutes as the first of the Ten Steps contained in the Revised Baby Friendly Hospital Initiative by WHO and UNICEF of 2018.

**1.7 Develop legislation to support adherence to the International Code of Marketing Breastmilk Substitutes (ICMBS).**

The International Code of Marketing of Breastmilk Substitutes (the Code) is an international health policy framework to regulate the marketing of breastmilk substitutes in order to protect breastfeeding.

**1.8 Strengthen and support the breastfeeding committees that have been established at the regional and community level for additional breastfeeding support and adherence of the Code (ICMBS).**

One of the main principles of the Code is that health care facilities should not be used for the purpose of promoting breast milk substitutes, baby feeding bottles or teats.

**1.9 Scale up the promotion of exclusive breastfeeding at the community level as an intervention to ensure optimal nutrition for infants.**

**1.10 Support capacity building for health care workers at the primary care and institutional level to promote and support exclusive breastfeeding and appropriate complementary feeding.**

**1.11 Increase support and capacity building for more lactation counselors in order to provide additional breastfeeding support within the community.**

**1.12 Conduct public awareness campaigns to provide information/education to women in the reproductive age to the importance of breastfeeding and the benefits to both the infant and the mother.**

**1.13 Stakeholders with responsibility to provide nutrition services to infants must allocate resources to ensure families implement timely, adequate, and appropriate complementary feeding practices.**

All food packages and baskets that are provided to households must have provisions adequate for infant's growth and nutrition.

**1.14 Harmonize breastfeeding policies with other national policies and protocols, such as the Elimination of Maternal to Child Transmission of HIV.**

***STRATEGY 2: REDUCE THE PREVALENCE OF  
MICRONUTRIENT DEFICIENCIES BY STRENGTHENING  
THE MICRONUTRIENT PROGRAM.***

Micronutrients are vitamins and minerals which are vital to healthy development, disease prevention, and wellbeing. Micronutrient deficiency is currently a significant global health burden and is a serious nutrition challenge to many developing countries around the world. Micronutrient deficiencies affect nearly 2 billion people globally and at least half of the children worldwide under the age of 5 years suffer due to MNDs. Globally, over 2 billion people are at risk for vitamin A, iodine, and/or iron deficiency. (WHO, 2021)

### **Strategic Activities**

#### **2.1 Expand coverage to support all vulnerable persons to receive supplements and vitamins.**

The Ministry of Health and Wellness, through its Family and Community Health Program, has an objective to provide micro nutrients in the form of vitamins to women in reproductive age, adolescents and young children under 5 years. Coverage must be expanded to ensure all persons within vulnerable groups are targeted.

Actions will be taken to strengthen this program and to ensure that all pregnant and lactating women, children under five years, and adolescent females (10-14 years) have access to the maternal and child health comprehensive care including the provision of micronutrients and vitamins.

#### **2.2 Implement effective monitoring and evaluation strategies for the micronutrient program.**

To ensure that data is being recorded for each school and the total number students that are beneficiaries to the program, a monitoring and evaluation program will be implemented. Both education and health sectors should have access to this data.

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**2.3 Support and advance food fortification initiatives in Belize. This includes support and advancement for rice fortification and bio fortification initiatives.**

Fortification is an evidence based intervention that contributes to the prevention, reduction and control of micronutrient deficiencies. It can be used to correct a demonstrated micronutrient deficiency in the general population or in specific population groups (targeted fortification) such as children, pregnant women and the beneficiaries of social protection programs. The fortification of commonly consumed food items such as staple or grains presents an opportunity to increase the nutrient intake of a population, thereby improving nutritional status (WHO, 2020). It is also important to ensure appropriate marketing strategy and campaign is done to support the use of fortified foods.

***STRATEGY 3: PROMOTION OF HEALTHY EATING HABITS THROUGHOUT THE LIFE CYCLE IN ORDER TO PREVENT OVERWEIGHT AND OBESITY AND NON-COMMUNICABLE DISEASES.***

A healthy diet helps to protect against malnutrition in all its forms, as well as a range of non-communicable diseases (NCDs) and other conditions. Diets have changed due to increased consumption of processed foods and changing lifestyles have led to a shift in dietary patterns. Diet can depend on an individual's food choices, but also the availability and affordability of healthy foods and sociocultural factors. The WHO Global Strategy on Diet, Physical Activity and Health that was adopted in 2004 by the World Health Assembly calls on governments, international partners, and all sectors to take action at global, regional and local levels to support healthy diets and physical activity. (WHO, 2004) The promotion of a healthy food environment requires involvement across multiple sectors and stakeholders, including government, the public and the private sector. (WHO, 2021)

### **Strategic Activities**

**3.1 Promote exclusive breastfeeding and its continuation along optimal complementary feeding for infants for up to 2 years.** As a baby grows past 6 months' breast milk alone is not sufficient to meet the child's nutritional needs; therefore, complementary foods are needed to compliment the nutritional needs of the child in addition to breast milk. Complementary feeding is fundamental to ensure appropriate growth and development in the first two years of life and should be continued till the age of 5 years which is a critical period of growth for a child. Breastfeeding has a protective effect on the risk of type 2 diabetes. Current research suggests that the risk of chronic disease is 20% to more than 200% higher in those who are not breastfed compared to those who were breastfed in infancy. This applies to long term effects of breastfeeding.

**3.2 Conduct capacity building training sessions to health care professionals to include nutrition counselling and nutrition management of non-communicable diseases (NCDs)**

Adequate nutrition counseling and nutrition management is critical for the proper management of chronic diseases. The country has limited human resources in nutrition therefore, capacity building in nutrition provides a response to promoting good nutrition and addressing NCDs.

### **3.3 Support the efforts for strengthening the Healthy Start Feeding Program.**

The Healthy Start Feeding Program is the national school feeding program through the Ministry of Education. It is supported by a national committee with the collaboration of other relevant government ministries. Schools play an important role in promoting healthy diets and creating an enabling environment for children to learn about nutrition and healthy eating. This initiative will also be supported in preprimary, secondary and tertiary schools.

### **3.4 Promote good nutrition and healthy diets initiatives for adolescents and adults.**

This is critical in protecting against all forms of malnutrition (i.e. undernutrition, overweight and obesity) and reducing the risk of cardiovascular diseases, type 2 diabetes and certain types of cancer. Special emphasis will be given to promote the intake of fruits and vegetables and discourage intake of unhealthy foods including sugar-sweetened beverages.

### **3.5 Collaborate with health authorities, and relevant government ministries that have responsibility for the welfare of the elderly to ensure that the elderly in residential homes have access to nutritious food.**

Support the National Council on Ageing and other agencies geared for the elderly to develop strategies and actions that support the nutritional needs and clinical management of nutrition for the elderly. Support can also be done through subsidies from government and non-governmental agencies.

### **3.6 Promote and integrate physical activity is an integral aspect for positive healthy behavioral changes.**

Physical activity is essential for the support of healthy lifestyles. This should be promoted within all areas of the life cycle especially within school aged children since recent data has shown increases in obesity of school aged children and adults.

***STRATEGY 4: CREATE ENABLING ENVIRONMENTS  
TO PROMOTE NUTRITION AND HEALTHY EATING.***

Food and eating environments can contribute to the increasing epidemic of obesity and chronic diseases. Factors such as knowledge, skills, and motivation, access to health services, water and sanitation and child caring capacity can impact environments which positive influence nutrition.

**Strategic Activities**

**4.1 Incorporate into the school curriculum the topics to learn about nutrition and the importance for healthy food. Ensure that Food Based Dietary Guidelines within curriculum.**

The school setting is an adequate environment to promote nutrition and healthy eating for children and adolescents. The Food Based Dietary Guidelines were developed in 2012 to advise the general population.

**4.2 Create friendly physical and virtual spaces aimed at youths and the public to promote nutrition and healthy eating.**

These spaces can positively influence youths to develop healthy eating habits. Competitions, or school-based activities for examples such murals, paintings and nutrition bulletins can be beneficial.

**4.3 Support and advocate for the healthy eating strategies outlined within the School Feeding Policy and Implement the Healthy Start School Menus Guideline countrywide.**

Strategies and activities from the school feeding policy should be supported and encouraged. Meals provided from the School Menus guideline should be promoted ensuring foods are healthy, accessible and culturally appropriate. Include capacity building for promotion and execution of policy activities and strategies for school feeding. Promote and encourage healthy food to be sold at school snack shops or cafeterias. The promotion and use of school gardens is also important tool to ensure healthy foods are accessible in schools. These healthy foods can also be used to support school feeding programs to ensure its sustainability.

#### **4.4 Support and develop strategies and activities aimed at promoting food safety, water, sanitation, and quality control to prevent food borne illness.**

Food safety provides an important for nutrition and health as it helps to protect consumer from the risk of food borne illnesses. The preparation of healthy food must be safe as it can help to prevent consumers from health risks allergies and even death.

#### **4.5 Encourage government and non-governmental agencies to promote enabling environments such as to access healthy food and decrease the exposure of unhealthy food.** Advocacy of this point can be done using staff wellness assessments, healthy lifestyle competitions, wellness forums, health fairs, and media announcements. This can also be done at various departments within the public service and for meetings and workshops.

#### **4.6 Implement actions to restrict the marketing of unhealthy food and drinks to children, adolescents and the adult population.**

- Cabinet paper or policy for the banning of sugar sweetened beverages in schools, and public health facilities.
- Scale up the marketing of healthy foods and reduce marketing of unhealthy foods.
- Support the restriction of alcoholic drinks at events for youths and promote the reduction of alcohol consumption for the adult population.

#### **4.7 Support and promote workplace wellness. These strategies will include promote consumption of healthy food and increased physical activity.** Efforts must include the elimination of trans fats, the reduction of fried foods, and foods high in salt and sugar. Encourage staff to increase consumption of fruits and vegetables and promote activities which increase physical activity.

#### **4.8 Advocate to the relevant Ministers of Government to consider the taxation of unhealthy foods such as sugar sweetened beverages and alcoholic drinks in order to discourage the excessive consumption of these foods.**

Taxation measures can be considered to prevent the consumption of certain unhealthy foods by making it costlier. The tax revenues can be earmarked to enhance NCD and nutrition programs and interventions.

***STRATEGY 5: INCREASE AND STRENGTHEN PUBLIC AWARENESS CAMPAIGNS TO PROMOTE NUTRITION AND HEALTHY EATING.***

Public awareness for nutrition is directly linked to nutritional knowledge, attitudes, and actions, which may have a positive impact on people's eating practices. Nutritional awareness is also related to knowledge of the interrelationships between nutritional matters and human life. Providing key information in nutrition can improve their nutritional well-being, and also prevent nutrition-related diseases.

**Strategic Activities**

**5.1 Strengthen Information, Education and Communication (IEC) strategies for the promotion of nutritious food, balanced diets and reducing the exposure of unhealthy food including sugar sweetened beverages.**

These strategies must be targeted for vulnerable groups especially those that are at risk for malnutrition and those with chronic diseases.

**5.2 Create and distribute nutrition promotion ads using mass media, print and multimedia.**

Utilize audio visual aids for visually impaired and the hearing impaired. These should be developed and dissemination in different languages so that the inclusion of other ethnic groups is also done. Efforts for public awareness campaigns must be directed to effect positive behavioral change towards the consumption of healthy food. The use of COMBI (Communication for Behavioral Impact) should be used for all public awareness campaigns.

**5.3 Sensitize the population and promote the Front of Package Warning Labeling (FOPWL) initiative that has been implemented in the Caribbean and Central American Region.**

In 2020, the CARICOM Regional Organization for Standards and Quality (CROSQ) through the Caribbean Community (CARICOM) launched a revision of the labeling specifications for pre-packaged foods where they considered the implementation of the FOPWL for the region. The FOPWL initiative is endorsed by all Ministers of Health of the Caribbean and Central America is a

strategy that is geared to change behavior of consumers in regards to making informed decisions when purchasing food. It allows purchasers and consumers to distinguish the healthy from the unhealthy food. The Ministry of Health and Wellness and the Belize Bureau of Standards (leading organization for standards) has a leading role for this strategy.

**5.4 Collaborate with relevant partners and stakeholders in the observance of health days. The health days can be used to promote specific health and nutrition messages and implement activities targeted for groups in the populations on areas of national health priority.**

Health day activities should include the general healthy lifestyle concept to include promotion of healthy eating and physical activity. Collaboration will contribute in mobilizing resources and increasing the coverage for public awareness endeavors. The Ministry of Health and Wellness should be the advocating body responsible to develop and share a health days' calendar with all stakeholders so that different sectors such as the Ministry of Education can celebrate certain health days at the same time for greater impact and awareness.

**5.5 Develop and strengthen a system to utilize culturally appropriate, context specific social, and behavior change communication channels to create nutrition model families and communities.**

This is aimed to identify and engage role model families to provide nutrition education and counselling in their respective communities.

***STRATEGY 6. FOSTER PARTNERSHIPS TO CREATE INTERSECTORAL COLLABORATION AND MULTI SECTOR APPROACHES TO PROMOTE NUTRITION STRATEGIES AND PROGRAMS.***

Intersectoral collaboration represent an approach that brings partners together to work collectively on a common issue. It is needed to address the nature of the social determinants of health, and create synergies and to accomplish mutual results.

**Strategic Activities**

**6.1 Support and strengthen the coverage of the National School Feeding Program.** This is a fundamental component to ensure healthy food are available to children and adolescents The Ministries of Education and the MOHW recognize the National School Feeding Policy and the Healthy Start School Feeding Program as a national strategy and as an area of priority for the development of healthy children. Additional support can be done through capacity building, training sessions, health fairs, and collaboration on nutrition related activities.

**6.2 Collaborate and support the National Food Security and Nutrition Commission (NFSNC).** The NFSNC Commission has representation from various sectors such as Agriculture, Health, Education and Human Development. Technical persons work together to implement strategies and activities to not only improve nutrition for the general population including vulnerable groups. These include children, women and the elderly but also reduce food insecurity.

**6.3 Scale up support of advocating bodies such as the Belize Parliamentary Alliance for Hunger and Malnutrition (BPAHM).** The Belize Parliamentary Alliance against Hunger and Malnutrition (BPAHM) was created under existing frameworks, the Meso-America Hunger Free Program and the Hunger Free Latin America and the Caribbean initiative, which is a political commitment of the region countries towards eradicating hunger and malnutrition. Supporting

advocating bodies such as these are critical for parliamentary support and passing national agendas.

**6.4 Strengthen and support policy development for strategies and interventions relating to nutrition and food security.** Support and collaborate with civil society groups other agencies and partners for policy development and implementation activities relating to nutrition. Many other agencies such as the Ministry of Agriculture, Ministry of Education, Ministry of Human Development and Social Services have developed policies and various strategies which have nutrition implications and synergies to support healthy lifestyles.

**6.5 Collaborate with United Nations Agencies (FAO, PAHO/WHO, WFP UNICEF)**

These agencies in addition to INCAP in the planning, execution, monitoring and evaluation of national plans in nutrition and food security. These plans are done with the objective of improving effectiveness and efficiency and maximizing national financial and human resources.

**6.6 Collaborate with the Belize Bureau of Standards to develop and implement standards and guidelines for the appropriate labelling and advertising of food products.**

Support processes to include legislation is where needed food producers should be required to appropriately label all food products and include ingredients used. This helps consumers make informed decisions when purchasing food and allows for the identification of possible food allergens.

**6.7 Collaborate with food industries and sectors including the private and business sectors to improve the food supply chain and promote healthy food options for the general population.**

Food industries can be supported to modify formulation and ingredients to make food products nutritious. This can support healthier diets and less use of harmful substances in foods.

**6.8 Strengthen linkages between social protection and nutrition.**

Malnutrition and poverty are inextricably linked. Malnutrition in early childhood is both a cause and a consequence of poverty, and poverty is both a cause and a consequence of malnutrition in early childhood. Therefore, solutions to reduce both malnutrition and poverty

are best achieved when policies and programmes to reduce malnutrition work in tandem with those to reduce poverty.

Social protection mechanism like cash transfer, food voucher can be implemented to address malnutrition especially stunting and wasting among the poor population including actions related to evidence and analysis, policy, financing and coordination platforms, programme design, local capacity for implementation, and monitoring.

## **STRATEGY 7: CAPACITY BUILDING TO SUPPORT NUTRITION SERVICES AND PROGRAMS.**

Capacity building is essential to nutrition, it is associated with the idea of increasing or developing skills and competencies that can support nutrition. **It also contributes to the** process of changing attitudes and behaviors that is needed for nutrition promotion and healthy eating.

### **Strategic Activities**

**7.1 Increase capacity building for nutrition awareness and healthy eating. Promote using the Food Based Dietary Guidelines for Belize.** This can be done within all government ministries, and civil society to include staff and other personnel to create an awareness of nutrition and preparation of healthy meals. Scale up education of nutrition concepts such as malnutrition, nutrients needed for health, affordable healthy foods, preparation of healthy meals and reduce consumption of unhealthy foods.

**7.2 Scale up human resources for nutrition within all the regions for the Ministry of Health and Wellness.** Include other governmental organizations and civil society who have a role to play in the promotion of Nutrition and healthy eating.

**7.3 Ensure that nutrition is implemented within various education curriculums and used to support training needs.** This is crucial for areas within academia for example Ministry of Education, and the tertiary institutions such as the University of Belize.

**7.4 Scale up in-service training to include nutrition counseling for health personnel in nutrition management of diet related non-communicable diseases and all forms of malnutrition** (for e.g., obesity and stunting) This is beneficial to support and address the high incidence of obesity and non-communicable diseases (NCDs). This is usually done among field officers and those that work within the community for e.g. the nurses, community works, health educators and other officers. By doing capacity building in this area, more persons can be skilled to address NCDs.

***STRATEGY 8: PROVISION OF TIMELY AND APPROPRIATE FOOD AND NUTRITION EMERGENCY RESPONSE FOR NATURAL AND MANMADE DISASTERS.***

Building the capacity of the country to successfully implement early warning and preparedness, strong monitoring and evaluation system, timely emergency response and rehabilitation during natural and manmade disasters is essential to significantly reduce both the short- and long-term consequences of food and nutrition emergencies. Thus, the provision of timely and appropriate food and nutrition emergency response is one of the policy directions.

**Strategic Activities**

**8.1 Develop and strengthen early warning, preparedness, timely and appropriate response and rehabilitation systems for natural and manmade food and nutrition emergencies thus addressing the underlying causes of vulnerability for food and nutrition related problems.**

**8.2 Adopt and implement global protocols on the simplified approaches for the treatment of child malnutrition such as stunting and wasting.**

## **STRATEGY 9: ESTABLISH AND STRENGTHEN NUTRITION SURVEILLANCE SYSTEM.**

Nutrition surveillance is necessary to continuously monitor the dietary intake and nutritional status of a population or selected population groups. It is utilized by a variety of data-collection methods and is useful for policy and program development.

### **Strategic Activities**

#### **9.1 Implement and strengthen a nutritional surveillance system to monitor:**

- The trend of NCDs and their risk factors,
- The implementation of the Ten Steps for Successful Breastfeeding, exclusive breastfeeding rate, complementary feeding rate
- Anemia in children under 5 years and in women of reproductive age, and low birth weight
- Coverage of iron and folic acid, prevalence of neural tube defects,
- Stunting, wasting, overweight and obesity in children and adolescents
- Prevalence of Type 2 Diabetes, Hypertension and Cancer Cirrhosis of the liver
- Coverage of the Micronutrient Program of the Ministry of Health and Wellness

#### **9.2 Develop a monitoring and evaluation mechanism to monitor programmatic and operational strategies outlined within the nutrition policy.**

**9.3 Conduct regular national surveys to determine specific risks for nutrition and monitor nutrition indicators.** Population based surveys are the best form of evaluation for nutrition indicators from a national standpoint to evaluate how the status a community or the country.

- *Conduct National Height Census* – provides a national prevalence for stunting levels. This can be conducted every 10 years.
- *Multiple Indicator Cluster Survey*- this survey provides health information including data on overweight, stunting, wasting and micro nutrient deficiencies about women and children and should be conducted every 5 years
- *CAMDI (Central American Diabetes Initiative) Study* – provides country level information about prevalence and risk factors for non-communicable disease within the adult population. This can be conducted every 10 years

- *Global School Based Student Health Survey* - measures alcohol use; dietary behaviors; drug use; hygiene; mental health; physical activity; protective factors; sexual behaviors; for adolescent 13- 15 years. This can be conducted every 5 -10 years.
- *Conduct Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey*. This will provide most vital and basic public health indicators for assessment of magnitude and severity of humanitarian crisis due to manmade or natural disaster.

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## EXPECTED NUTRITION OUTCOMES

- 1** Increased rate of early initiation and exclusive breastfeeding, in addition to improved complementary feeding among children under 5 years.
- 2** Increased access for micronutrients by vulnerable groups for example children, adolescents and women of reproductive age (Increased coverage of micronutrient program of the Ministry of Health and Wellness and ensure adequate monitoring and evaluation)
- 3** Increased nutrition strategies and programs that are implemented with a multi sector approach to include national authorities, civil society private sector and international agencies. These programs will to support the creation of enabling environments geared towards addressing nutrition related non-communicable diseases and malnutrition of vulnerable groups.
- 4** Increased awareness of the general population and stakeholders on the importance of nutrition and the guidelines for healthy eating throughout the lifecycle.
- 5** Increased strategies to support interventions for behavioral change geared towards an increased consumption of healthy food, and reduction in the consumption and marketing of unhealthy food. The Importance and awareness of physical activity should also be increased and promoted.
- 6** Improved collaboration by stakeholders for policy development and the implementation of strategic and operational plans geared in nutrition.
- 7** Improved support collaboration for the scaling up of the National Healthy Start School Feeding Program by providing support for training and nutrition promotion in schools.
- 8** Improved capacity building for health professionals for the nutritional management of hypertension, diabetes and obesity, at the primary care level of both public and private sector health settings.
- 9** Increased human resource development in the area of nutrition and food security.
- 10** Improved technical support and advocacy for increased nutrition services at the primary care level and community level.

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## LINKAGES WITH NATIONAL DEVELOPMENT PLANS/ STRUCTURES

The incorporation and implementation of the National Nutritional Policy will have the input of major national stakeholders on nutrition in order to ensure a comprehensive coverage of specific objectives that each entity may have under their responsibility as part of their current national strategies to address Nutrition. This incorporation falls under the support of the advocating body of the National Nutrition and Food Security Commission. This will also ensure ownership of the policy and intersectoral collaboration within various organizations and entities.

The joint participation within the policy will ensure that specific strategic lines of action are aligned with other national plans geared towards improving the nutritional status of the Belize's population. For instance, the National School Feeding Policy is aligned within the strategic framework of the National Nutrition Policy. This integrated approach will be able to cover the diverse risks of poor nutrition access and intake responsible for the related morbidity and mortality that have inadequate nutrition as the main underlying cause. In order to achieve this, it is essential to develop a National Nutrition Operational Plan of Action that will reflect the required input of the diverse stakeholders (public and private), and that includes a distinct monitoring and evaluation framework.

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## POLITICAL AND REGIONAL MANDATES

Belize as a member state to the United Nations and the Pan American Health Organization/World Health Organization (PAHO/WHO) is committed to implement health resolutions related to Nutrition and Food Security. At the sub regional level, Belize being part of the Caribbean Community (CARICOM) and of the Central American Integration System (SICA), is committed to implement nutrition and food security resolutions emanating from these bodies, either from Presidential or Ministerial Summits. Caribbean Wellness Day (CWD) is one of the regional responses to the high incidence and threat posed by non-communicable diseases (NCDs) within the Caribbean region. The Heads of Government of the Caribbean Community signed unto the Port of Spain Declaration in 2007. The declaration was held on the occasion of the special regional Summit on chronic Non Communicable Diseases, and as a result Caribbean Wellness day was conceptualized on September 10th to mark this occasion. Since then CARICOM member states have been mandated to do various types of nutrition promotion and health education activities to make their populations aware of the importance of NCDs to their health and well-being. (CARPHA, 2020)

Belize plans to support the INCAP Strategy for the Prevention and Control of Non-Communicable Diseases related to food in Central America and Dominican Republic for 2022-2032. This draft document was created in 2023 by INCAP with support from other countries in Central America.

Belize will aim to support the Maternity Protection Recommendation (R191) which was adopted by International Labour Organization (ILO) at the 88th International Labour Organization Conference in Switzerland on 15 June 2000. The R191 refers to the adoption of certain proposals with regard to maternity protection. These proposals include the extension of maternity leave for up to 18 weeks, and ensuring that a woman is entitled to freely choose the time at which she takes any non-compulsory portion of her maternity leave. Other adoptions include care and medical benefits to support the maternal period.

In 2020, PAHO launched the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025. The document provides guidance and monitoring to PAHO Member States for the elimination of industrially produced trans-fatty acids. Industrially produced trans-fatty acids (IP-TFA) are a preventable contributing factor to the burden of cardiovascular disease, which is the leading cause of death in the Americas. This Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 scales up the adoption and implementation of IP-TFA elimination policies throughout the Americas. (WHO, 2020)

The United Nations General Assembly in April of 2016 proclaimed the UN Decade of Action on Nutrition, 2016-2025. (United Nations, 2014) A Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, was approved by the World Health Assembly in 2012, proposes for Member States to:

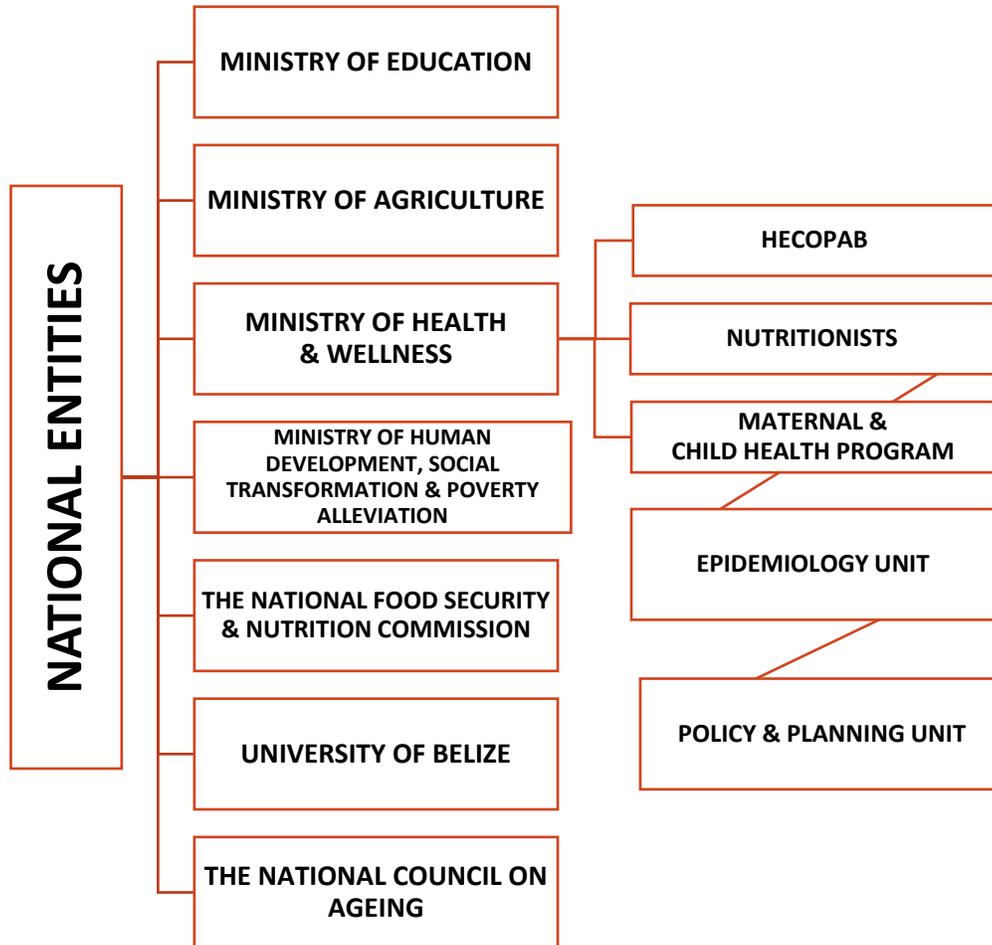
- Include nutrition in the country's overall development policy and poverty reduction strategy papers,
- Establish effective inter sectoral governance mechanisms for implementation of nutrition policies at national and local levels that contribute towards policy integration across sectors, and,
- Engage local governments and communities in the design of plans to expand nutrition actions and ensure their integration in existing community programmes.

Other specific plans approved by the Ministers of Health of the Americas, as the PAHO/WHO Directing Council, included the '*Plan of Action for the Prevention of Obesity in Children and Adolescents (2014)*'. Among other measures, the plan calls for the implementation of fiscal policies, such as taxes on sugar-sweetened beverages and energy-dense nutrient-poor products, regulation of food marketing and labeling, improvement of school nutrition and physical activity environments, and promotion of breastfeeding and healthy eating. Its goal is to stop the rise of obesity. (WHO, 2014) At the level of Central America, the Ministers of Health have mandated the implementation of the '*Strategy for the Prevention of Overweight and Obesity in Children and Adolescents in Central America and the Dominican Republic, 2014 - 2025*'.

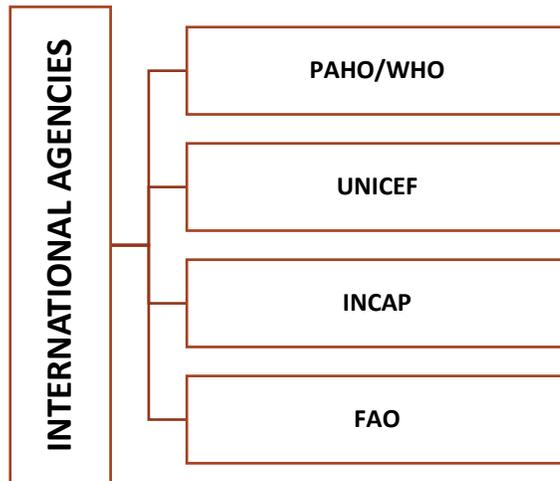
Implementation and success will rely on countries own sustainable development policies, plans and programs and will be led by countries. The Sustainable Development Goals (SDGs) will be a compass for aligning countries' plans with their global commitments.

# LIST OF STAKEHOLDERS

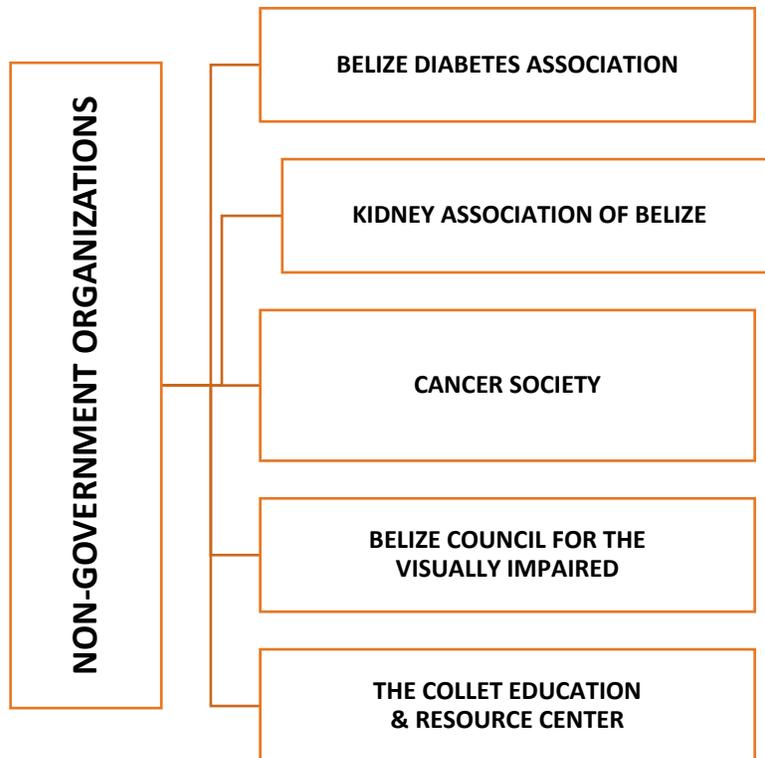
## NATIONAL ENTITIES



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