A comprehensive approach to efforts to eradicate child undernutrition in Panama

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Undernutrition is a multidimensional problem affecting millions of human beings throughout the world. This occurs despite the fact that humanity has produced food in industrial quantities for more than 150 years, a situation which evidences that the problem cannot be simplified as a technological issue. Social and political measures are necessary to overcome it.

The causes and characteristics of undernutrition can vary from region to region. For example, in urban areas the problem revolves around consumption patterns or a lack of income to buy food, while in rural areas, there is a combination of food scarcity caused by deficits in agricultural production, lack of income, and cultural consumption patterns.

The problem is so sensitive that various organizations and international institutions have devoted enormous endeavours to fight and eradicate it. One of the most obvious efforts is the inclusion of the eradication of hunger as the first Millennium Development Goal (MDG), agreed to in 2000 by 150 countries in the framework of the United Nations.

The most serious and worrying dimension of undernutrition is its effect on the younger population, especially children under five. In Panama, child undernutrition is present, in its moderate and severe forms, among 20 percent of the population in the above-mentioned age range.

Child undernutrition is worrying since it compromises the future of children and their possibilities for personal development. Various specialists argue that there is an important association between this condition and poverty, which must be taken into account in programme and project design to influence and transform the situation.

For example, in the Panamanian case official figures show that 39.5 percent of children under five living in extreme poverty show chronic undernutrition, a situation which is alarming to the degree that resources and measures to adequately confront it are not in place. If the problem is not solved, however, over the next years these children will become adults with limited human capacities, complicating their integration towards national development.

Like poverty, undernutrition is a phenomenon with multiple causes associated with a lack of income, cultural feeding patterns, agricultural production, lack of access, weakness or inexistence of state services, etc, which ultimately requires interdisciplinary policy actions.

Nutrition problems have many relevant consequences for children living in extreme poverty. Nutrition is a basic condition for good health, continuing education, and taking advantage of opportunities. As a result of their oftentimes remote locations, a large part of the population living in extreme poverty—especially indigent populations—suffer from a lack of basic social
services such as access to health, potable water, and education and lack of access to existing feeding programmes. All of these factors contribute to greater levels of child undernutrition.

The unavailability and inaccessibility of state services complicates nutritional attention and food distribution to populations in these areas. The low agricultural capacity soil in many places, together with a lack of resources to buy agricultural inputs for production and food for consumption compound the problem.

There are considerable impacts for the whole of society when child undernutrition prevents a country from not taking full advantage of its human resources. At the local level, this negatively impacts the efforts that the inhabitants of regions and communities are making in conjunction with the State to generate development for the population’s wellbeing.

Undoubtedly, the State must establish short-, medium-, and long-term nutritional policies that guarantee nutrition and food for the population, especially the population under five, which is the most vulnerable. This is possible only through the prioritization of concrete actions and the execution of programmes and projects designed to comprehensively meet the needs of the population.

Nevertheless, a nutritional policy and all it entails, requires integrated institutionalization, and a firm a robust capacity to execute and sustain it. This is possible to the degree that a State decision exists to institutionalize the articulation of targeted actions based on administrative, financial, and operational sustainability.

The Diagnostic: Undernutrition in Panama

Official studies and data indicate that undernutrition manifests in different intensities and forms, depending on the social group that is affected. For example, the phenomenon is most intense among people living in situations of extreme poverty and more acute for children under five living in extreme poverty. The following data shows the social aspect of undernutrition in Panama from a quantitative perspective.

According to the results of the 2003 Living Standards Survey (Encuesta de Niveles de Vida [ENV]), chronic undernutrition affects an estimated 20.6 percent of Panama’s population under five. These children are stunted or show low height for their age. Global undernutrition, weight deficiency, or low weight per age affects 6.8 percent of the population under five. Acute undernutrition, measured by the relationship between height and weight, affects 1.3 percent of the population under five.

At the national level, 39.6 percent of all children under five living in extreme poverty suffer from chronic undernutrition, a proportion that decreases to 19.1 percent in the population living in poverty and 10.2 percent for children who are not poor. Indigenous children under five are the group most affected by chronic undernutrition (56.6 percent). Indigenous children living in extreme poverty are particularly more affected than indigenous children living in poverty (57.9 percent versus 41 percent).

Studying chronic undernutrition by geographic area shows that urban areas have a lower prevalence (13.8 percent) than rural non-indigenous areas (18.5 percent). The provinces with the highest chronic undernutrition prevalences are Bocas del Toro (32.1 percent), Darién (30.0 percent), Veraguas (29.6 percent), and Cocle (23.4 percent), which are above the national average. The prevalence of growth retardation in the group from six to nine years of age is also higher in indigenous areas (61.8 percent).

According to the weight-for-age indicator, the presence of global undernutrition at the national level is about 6.8 percent, although it is higher for children living in extreme poverty, with 16.3 percent, versus only 2.1 percent among non-poor children. At the provincial level, global undernutrition is concentrated in indigenous areas, where 21.5 percent of all children under five show weight below that expected for their age. Acute undernutrition (weight for height), however, is relatively low in Panama (1.3 percent), although it tends to be higher for children living in extreme poverty (who have prevalences of up to 6.9 percent among children 12 to 17 months of age). The presence of indigenous populations in a given geographic area influences the high level of the area’s undernutrition prevalence. For example, if the indigenous population in Darién were not considered, the undernutrition rate would fall from 30 to 12.5 percent.

The Complementary Feeding Programme (Programa de Alimentación Complementaria [PAC]) is one of the Government’s strategies for preventing and treating undernutrition. According to ENV 2003, poor children are the principal beneficiaries of PAC. Of all children receiving PAC’s nutritional cream, 79 percent lived in poverty.

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1 Data in this section come from Ministry and Economy and Finance of Panama (MEF), Poverty and Inequality in Panama: A Challenge that Cannot be Delayed (Panama: MEF, 2006), accessed at https://www.mef.gob.pa/Portal/DivPoliticai/Informe(22 MinH, downloaded 20 June 2008).
Bases of a Comprehensive Policy

The right to food and good nutrition is a basic human right that has been recognized by all nations as a fundamental part of the international social agenda. Within this agenda it is important to emphasize the agreements reached at the 1996 World Food Summit, the 2000 Millennium Development Goals, and the 2004 Joint Declaration on Hunger and Poverty.

Analysis and discussion about policies and programmes to fight undernutrition and hunger have produced declarations from the international community on the need to position actions and mobilize resources from all actors and sectors. For States, the nutritional situation of a country—especially of its children under five—is a pillar within its policies for social development, particularly for the development of human capital.

Although studies show gradual improvement in health and nutrition for all the Central American countries, setbacks have been experienced and important gaps persist. Child undernutrition in some Central American countries is, without a doubt, one of the most serious public health problems.

In the early 2000s global undernutrition, measured as low weight per height, affected almost 24.2 percent of all children under five in Guatemala (24.2 percent), 16.6 percent in Honduras, 11.8 percent in El Salvador, and 7.3 percent in Belize.

Today we know that the nutritional situation of countries is closely related to access to the goods and services that determine the availability and consumption of the foods necessary for growth and health maintenance. The Central American States have recognized it in their public policies. Recent studies in some countries of the Central American isthmus have revealed that some of the highest risks faced by families living in poverty are the low consumption of food and, consequently, undernutrition and hunger. Such deficits come from insufficient income to cover the cost of an adequate caloric intake and this, in turn, is produced by limited access to the labour market for household heads in poor families.

Numerous studies confirm the relationship among malnutrition from a lack of protein, energy, and micronutrients and infectious and chronic non-contagious diseases, mortality, physical growth, mental development, educational performance, reproductive health, and productivity of adults. All of the above serves to establish the existence of a vicious circle of human, social, economic, and political underdevelopment, of which a major component is food and nutrition insecurity.

Given that their nutrient requirements are significant, there is consensus that children and women of childbearing age are especially susceptible to undernutrition, which makes them particularly vulnerable populations. As a result, nutritional policies are being focused on young children, since these are the areas of greatest nutritional vulnerabilities and, therefore, are the stages where nutritional interventions have the greatest effect.
Programmes developed for the States in the region, within the framework of social protection networks in Central America, have made important contributions to poverty reduction and, therefore, by necessity, undernutrition and hunger. Interventions of these programmes include a series of components that focus on improving nutritional status.

Generally, these programmes have had positive and significant impacts on the nutritional status of their beneficiaries, particularly relating to improvements in diets. The programmes have also played an important role in poverty and undernutrition reduction strategies in many countries.

In Central America and other countries in the region there is evidence that data on the geographic distribution of poverty can be appropriately used to target children with the highest risk of undernutrition. Interpreting the dynamics of undernutrition and its distribution through various age, socioeconomic, ethnic, cultural, gender, and geographical groups is essential to achieve effective targeting.

Studies in Central America have also proven the necessity of nutrition policies that provide incentives for improving the nutritional and health status of mothers before, during, and after pregnancy, using conditional cash transfers, whereby beneficiary mothers commit to receiving regular health care in exchange for economic support. These transfers can be complemented with educational materials and in-kind donations of highly nutritious foods, which ensure adequate intake during the periods of gestation and breastfeeding.

Additionally, these studies have documented the existence of a vicious circle, which perpetuates itself from generation to generation. Mothers who suffer from protein-energy undernutrition and micronutrient deficiencies, as well as those who have higher infection rates, are likely to have premature babies with low birth weight. If these babies survive, they may suffer multiple infections and grow and develop inadequately. At school age, these children might be shorter than others and have limited educational performance. During adolescence and adulthood they may show signs of undernutrition, as well as reproductive health problems, low productivity, and reduced intellectual development.

The ECLAC and World Food Programme study on "The Cost of Hunger: The Socioeconomic and Social Impact of Child Undernutrition" highlights these problems. This study constitutes, without a doubt, a reference framework that offers Governments, decision makers, national and regional technical teams, and cooperating agencies an analytical tool that supports the design and implementation of national and regional policies, the alignment of international cooperation funds, and the increase in public budgets for strengthening the institutionalization needed to combat hunger and undernutrition in the Central American region.
The study provides information based on the construction of future scenarios for 2015 related to the Millennium Development Goals (MDGs), which contemplate the reduction by half of 1990 undernutrition levels and, eventually, the eradication of undernutrition. This prospective analysis allows us to approach the possible costs and impacts that can be generated in health, education, and productivity from child undernutrition. The study also provides a retrospective look at the effects and impacts produced over the last decades, in the same areas for the population of each country, in 2004.

Studies relating to ethnic and cultural variables allow the observation of important changes over the last decades. The Central American population was principally rural and routinely exposed to moderate or heavy physical activity. Currently the situation is completely different: the population is primarily urban and highly sedentary. This situation results in the increase in indicators relating to excess weight and obesity in schoolchildren.

One of the points of this study inviting reflection is that States need to develop a capacity for deepening the analysis of the relationship between investment in nutritional programmes in the face of incidental costs and the efficiency represented by global investment in public social spending. Although Panama allocates a lower percentage of its social spending to nutrition (in relation to the rest of the Central American countries), its lower incidental costs indicate higher efficiency in public social spending on nutrition.

The current complexity of nutritional problems in Central America is, without doubt, significantly greater than that found thirty or forty years ago. Therefore, all Central American Governments recognize that child undernutrition does not only affect the physical development of undernourished children; it also impacts the economic development of countries, their health, the formation of human capital, and productivity.

Strategies and Actions

With the purpose of combating undernutrition affecting infant populations, principally among those living in extreme poverty, Panama's social policy actions converge around three axes.

First is the fight against poverty and extreme poverty. The Government has developed a strategy for this, including a series of specific actions in social protection as a systematic intervention axis. These actions include the implementation of conditional cash transfer programmes among households living in extreme poverty, a systematic intervention seeking to guarantee social rights.

The second strategy focuses on human development and the social inclusion of the population, attempting to connect marginal populations with services provided by the State, so as to transform them into beneficiaries of these services.

Social institutionalization, the third fundamental axis, is crucial for the sustainability and effective execution of designed programmes and actions. This implies institutionally consolidating aspects of inter-institutional coordination, realignment of operating, administrative, and financial processes, and comprehensive actions for the population.

These strategies combine with decisions and actions for strengthening the social sector of the State, through an effective reorganization, that has as its fundamental objectives optimizing coordination and effectiveness of interventions in society.

Strengthening of the social sector is one of the concrete actions undertaken by the Government. To achieve this objective, the support and technical assistance of international institutions such as the World Bank (WB), Inter-American Development Bank (IDB), and United Nations Development Programme (UNDP) have been crucial.
A Social Cabinet has been created to act as a technico-political arena for the discussion of the social agenda and the coordination of the Government’s social policy among various departments. This is a body with the capacity to bring together ministers of State to coordinate and make political decisions, with technical support from a Multisectoral Commission made up of technical teams from involved the implementing departments.

In second place, the transformation of the Ministry of Childhood, Youth, Women, and Family into the Ministry of Social Development (Ministerio de Desarrollo Social [MIDES]) placed responsibility for the coordination of social policies in a specific institution. This implied strengthening the capacity of the Ministry to coordinate actions, provide follow-up, and evaluate programmes.

A third element in the strategy for strengthening the social sector rests on the Ministry of Health (Ministerio de Salud [MINSA]), which is being strengthened to improve service coverage and quality. A fourth actor in this scheme, the National Food Plan Secretariat (Secretaría del Plan Alimentario Nacional [SENAPAN]), coordinates institutional actions for food and nutrition security.

These reorganizations undoubtedly have an organizational basis resting on agreements between the appropriate departments. Those having greatest relevance include the agreements between MIDES and MINSA to benefit households in extreme poverty; MINSA’s comprehensive health and nutrition care package for households in extreme poverty (PAISS+N); technical assistance and training provided by the Ministry of Agricultural Development (Ministerio de Desarrollo Agropecuario [MIDA]) and the National Institute for Human Development Training (Instituto Nacional de Formación y Capacitación para el Desarrollo Humano [INADEHI]) to promote food security; the offer of basic foods at low cost through the Agricultural Marketing Institute (Instituto de Mercadeo Agropecuario [IMA]); and subsidies to non-governmental organizations to generate food sustainability and community participation in the transport, stock, and food preparation in complementary feeding programmes.

Programmes designed to improve the nutritional situation should place more emphasis on issues relating to creating consciousness in the population with respect to the importance of using foods for good nutrition. Likewise, pregnant women should receive information on feeding and its importance, during and after pregnancy.

It is important to highlight that these programmes—even when they are targeted at regions with high levels of undernutrition—should also set in motion other policies and programmes designed to care for populations at risk, including risk of obesity. Our programmes allude to excess weight—a problem that impacts young populations today, with great frequency—but do not provide recommendations on how to handle it.

The quality of breast milk is related to women’s nutrition during pregnancy. As a result, it is necessary to develop sensitivity campaigns that explain the importance of good nutrition in women of childbearing age as well as among those who are pregnant or in puérperium.

The comparison between people who are poor and those who are not is relevant with respect to low weight and excess weight/obesity. Poor people do not show a high prevalence of overweight, but they do show the highest indices of low weight, above all among people in extreme poverty.

Programmes to combat undernutrition should explain to target communities the importance of the foods they eat as well as the link between the quality of foods that are consumed, on one hand, and good health and the ability to confront illnesses, on the other.

The contribution of other programmes to combat undernutrition is important. In this regard, the Government is making investments through the Ministry of Education (Ministerio de Educación [MEDUC]) and MINSA.

Programmes designed to improve nutritional quality for the population should be established from a preventive and curative perspective, in addition to involving the private sector in the most systematic and effective manner. Ideally, a single entity should be placed in charge of coordinating the execution of programmes designed to assure nutritional security. These functions should not be allocated among various departments. Consolidating them in one agency will save in costs (e.g., administrative costs). In this way a larger amount of resources might be allotted to combating extreme poverty and undernutrition.

Conditional transfers coordinated by MIDES as part of the Social Protection System, through the “Opportunities Network” programme, seek to ensure that beneficiaries bring children to health centres, that pregnant and post-delivery women undergo regular medical controls, and that children between four and 17 years of age attend school. In transfer programmes channelled through MIDES, health and education services are provided by the relevant departments.
Intervention

The Government of Panama is advancing in the design and implementation of a Social Protection System (Sistema de Protección Social [SPS]) that will be supported by an Inter-American Development Bank (IDB) loan and a World Bank credit facility. The strategy behind the System of Social Protection has as its objective to strengthen human capital and reduce the social exclusion and vulnerability of families living in extreme poverty. The operational objectives of the SPS include promoting the attendance and educational advancement of children in schools and improving the maternal-child health and nutrition situation.

Interventions targeted at food security are channelled through three governmental sectors: social development, health, and rural development. From an operational perspective, the Government has implemented targeted programmes in comprehensive care for children and women as well as complementary food for pregnant women, children under five, and school children enrolled in the basic general education system.

Interventions for pregnant women and children under five are carried out with the objective of controlling growth and development from conception. In this way, timely health and nutrition interventions can help guarantee a productive and healthy population.

Feeding programmes for children from four to 17 years are designed to provide higher quality support to help them perform better. In more depressed areas where the availability of food in the home is minimal for people, the programme becomes a motivation to increase school attendance and reduce desertion.

Another useful alternative—especially for rural and indigenous areas where the availability of food is scarce, as a result of either poor access or low production—is to provide incentives to help families invest part of their work in the production of foods for self-consumption, particularly products with short growing periods and high nutritional content, such as cereals and other grains.

Conclusion

Undernutrition—mainly child undernutrition—remains a global health problem. In spite of the fact that food production is sufficient, not all of the population has access to the same quantity and quality of food. On this basis, within the framework of the MDGs, countries have adopted a policy of eradicating extreme poverty and hunger. This includes ensuring the population has access to good quality foods.

In Latin America, the situation is no different. Various studies have shown that undernutrition—especially chronic undernutrition in children under five—is an unresolved issue that requires a solution. Transfer programmes implemented in countries in the region have advanced towards reducing the risk of critical populations with limited access to food and food insecurity.

Panama’s strategy has been to execute a multisectoral intervention with the participation of social, health, and rural development programmes, targeted to the most vulnerable populations. The objective is to provide care for the most vulnerable populations, including those at risk of undernutrition or those suffering from some degree of undernutrition as a result of access and availability problems, in an opportune and direct way.