Latin America is highly urbanized and urban environments can promote unhealthy food consumption patterns.

Increasing availability of packaged and ultra-processed foods is impacting health in urban environments in Latin America.

Latin America has implemented innovative food policies that may improve health in cities.

Obesity and overweight often coexist with undernutrition and malnutrition.

Why is learning about food policies in Latin American cities important?

Healthy food policies can bring important co-benefits for the environment.

The experience of Latin American cities can inform policy changes in other cities around the world, especially those in the global south.
Nutrition in Latin American countries has moved away from traditional diets, leading to the coexistence of undernutrition alongside obesity and overweight. This has been termed the “double-burden of malnutrition.”

- Approximately 57% of the adult population in Latin America, an estimated 300 million people are overweight, higher than the global average of 39%.
- Stunting in children due to undernutrition and micronutrient deficiencies is as high as 48% in some countries.\(^{[4-6]}\)

**High availability, marketing, and consumption of unhealthy foods**

City residents in Latin America have easy access to ultra-processed and packaged foods. These foods are sold in the many supermarkets, convenience stores, and fast food restaurants that are common in urban areas. High consumption increases the risk of diet-related chronic diseases. In Latin America, sales of ultra-processed foods increased by nearly 27 percent between 1999 and 2013.\(^{[7-9]}\)

**Ultra-processed foods have**
- more sugar
- more saturated fat
- more sodium
- less fiber
- fewer vitamins and minerals
- high caloric density

*Compared to home-cooked meals made with fresh and unprocessed ingredients.*

**Urban Poverty and Food Access**

In Latin America, 30% of the region lives in poverty. Poverty is a barrier to healthy food access because fast and processed foods are often cheaper than fresh produce and meats. High-poverty neighborhoods in urban Latin America tend to be socially and spatially isolated and lack food choices.\(^{[10-13]}\)

**Urban policies can target many different factors that affect food choices, consumption, and diet.\(^{[14]}\)**

- regulations & standards
- taxation
- food labeling
- dietary guidelines & education
- subsidies
- media & marketing
INNOVATIVE: Food Policies and Laws to Improve Health in Latin American Cities

CHILE || Food Labeling Law
To confront rising obesity and related health challenges, the Chilean government enacted the “Front-of-Package Labeling and Marketing Law” (Law 20.606) in 2016. The law is recognized for systematically promoting healthy lifestyles and emphasizing control over the influence of the food industry.\(^\text{[15]}\)

Advertisements for foods like ice cream, chocolate, and potato chips are prohibited during children’s television programming and on websites, and cartoon characters are banned from sugary cereals among other foods.

Consumer information reformed through simplified nutritional labels.
Foods exceeding dietary recommendations are labeled with black stop signs with warnings such as “high in sugar” or “high in calories.”

ARGENTINA || Removal of Trans Fatty Acids
In a series of regulations fully implemented in 2014, the Argentine government and food industry worked together to take steps to reduce the amount of artificial trans fatty acids (or trans fats) in foods. The regulations limited the total content of trans fats in food to 2% in oils and butters and 5% in all other foods. Mandatory labeling and nutritional guidelines aimed to reduce both supply and demand of trans fats.

In food sampling tests, trans fat content in Buenos Aires dropped from 12.6 - 34.8% in 2011-2012 to nearly 0% by 2015 - 2016.\(^\text{[16]}\)

MEXICO || Sugar and Energy-Dense Foods Tax
The Mexican government established sales taxes of 8% on junk food and 10% on sugary drinks in January 2014. This led to a decrease in consumption of 7.4% for junk food and 9.7% for sugary drinks. No economic or job losses attributable to the tax have been observed in the food and beverage production industry.\(^\text{[17-20]}\)

This reduction in sugary drink consumption is projected to lower the rate of obesity by 2.5% by 2024 and could prevent 40,000 heart attacks and strokes and 189,000 cases of diabetes by 2022.
COLOMBIA | Obesity Law

Colombia’s “Obesity Law”, passed by the National Congress in 2009, outlines regulations, policies, and best practices for population-level obesity prevention. The Obesity Law is innovative for its holistic, integrated approach, combining strategies to promote consumption of healthy foods with those to support healthy behaviors and environments. The law also promotes physical activity in schools, workplaces, active transport, and Ciclovía programs.[22]

5 KEY ELEMENTS OF COLOMBIA’S OBESITY LAW

1) ensure fruit and vegetable availability in schools
2) implement school-based food education programs
3) regulate intake of high-caloric food and beverages in schools
4) encourage the production, marketing and consumption of fruit and vegetables
5) regulate food fat content—mainly trans and saturated fats

BRAZIL | Dietary Guidelines

In 2014, the Brazilian Ministry of Health launched new food-based dietary guidelines. “The Dietary Guidelines for the Brazilian Population” categorize foods based on processing level and provide nutrition recommendations. The guidelines promote consumption of minimally processed and natural foods, and include advice on food choices and meal preparation, emphasizing home-cooked meals and local foods. The guidelines link diet to sustainability, food systems, culture, and social norms.[23]

PERU | Community Kitchens

Community kitchens emerged in Peru in the 1970’s to improve food security during economic crisis. The community kitchens also support local communities, providing low-income women with meals in exchange for staffing the kitchens and utilizing local ingredients. The kitchens offer a unique opportunity to preserve traditional food cultures while improving nutrition and contributing to the prevention of chronic noncommunicable diseases.

More than 17,500 community kitchens in Peru (30% located in Lima) offer a daily food ration to more than one million people living in poverty for less than US $0.75 per person.[21]
Latin American Cities and the World

Signed by over 160 cities, the Milan Urban Food Policy Pact promotes sustainable and equitable development through more resilient urban food systems, providing a framework to address food-related issues at the city level.

The Pact’s voluntary “Urban Food Policy Framework for Action” recommends actions in six thematic clusters (governance, sustainable diets and nutrition, social and economic equity, food production, food supply and distribution, and food waste). This framework recognizes the impacts of food interventions on multiple dimensions of sustainable development, including health.

The pact and its framework contain useful tools and examples for municipal governments and leaders looking for guidance on policies to strengthen food systems for health and sustainability. Twenty-one Latin American cities have signed on and are connected to a broad network of cities that have joined the pact.²⁴

**Best Practices in Latin American Cities under the Milan Urban Food Policy Pact**

**QUITO, ECUADOR: URBAN AGRICULTURE PROGRAM**
2,500 urban gardens, with half of produce reserved for home consumption. The urban gardens employ and train local workers, mostly women, to involve and empower the community.

**MEDELLÍN, COLOMBIA: URBAN FAMILY GARDENS**
Gardens are implemented in a majority of neighborhoods and provide support and training for healthy diets and food education. The program seeks to sustainably address food insecurity and poor nutrition.

**CURITIBA, BRAZIL: GREEN EXCHANGES**
Bi-weekly trading days where recyclable materials can be handed in to receive fresh produce from family farms. The program reduces waste from discarded materials and excess produce, while supporting a cultural of sustainability and improving food access.

**BELO HORIZONTE, BRAZIL: POPULAR RESTAURANTS**
Restaurants provide low-cost and subsidized healthy meals. They are located in areas of the cities close to workplaces and high-density centers to reach the urban poor. Family agriculture and small food producers are the main suppliers.

**Policy Recommendations For Healthy Urban Food Systems**

- **Foster partnerships across sectors.** Everything from social development, education, and agriculture to the environment, economy, and urban planning can influence the availability of healthy foods and facilitate healthy food choices.

- **Improve social equity and connectivity** to facilitate fairer access to healthy food among disadvantaged populations. Improve social equity to facilitate fairer access to healthy foods and reduce chronic stress. Improve mobility to facilitate access to healthy choices.

- **Contextualize food policies within the Sustainable Development Goals**, such as Goal 2 (Zero Hunger), Goal 10 (Reduced Inequality), and Goal 11 (Sustainable Cities and Communities) to increase and ensure the political will needed for action.

- **Design integrated policies** responsive to social, economic, and cultural determinants of diet and healthy behaviors.

- **Engage community members and other key stakeholders** to ensure that policies are of value to them. Involving a range of stakeholders can strengthen the design and implementation of policies.

To learn more, visit milanurbanfoodpolicypact.org

²⁴ Twenty-one Latin American cities have signed on and are connected to a broad network of cities that have joined the pact.
References

20. Instituto Nacional de Salud Pública, Cuernavaca, Mexico.
21. Instituto de Nutrición de Centroamérica y Panamá, Guatemala City, Guatemala.
22. United Nations Economic Commission for Latin America and the Caribbean (ECLAC), Santiago, Chile.
25. University of California, Berkely, USA.
26. The Urban Health Network for Latin America and the Caribbean (LAC-Urban Health) seeks to promote regional and multisectoral collaboration in order to generate evidence on the drivers of urban health and health equity and translate this evidence into policies to improve health across cities in Latin America and the Caribbean.
27. Salud Urbana en América Latina (SALURBAL), Urban Health in Latin America, is a five-year project that studies how urban environments and urban policies impact the health of city residents throughout Latin America. SALURBAL’s findings inform policies and interventions to create healthier, more equitable, and more sustainable cities worldwide. SALURBAL is funded by the Wellcome Trust.