International Conference on Nutrition 2014

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Good afternoon ladies and gentlemen. Trinidad and Tobago respectfully acknowledges the chair, the director general of the FAO, special guests, and distinguished delegates. We are pleased to join consensus in the Rome Declaration and the Framework for action. The scope of this declaration includes both obesity and malnutrition, contextualized by the wider food system. Perhaps paradoxically, in rapidly developing countries, such as ours, hunger alleviation is often a preface to obesity, as the cheapest and most readily accessed foods are often hypercaloric and of poor micronutrient value.

Childhood obesity and Chronic Non-Communicable Diseases are our top priorities. Childhood obesity is an epidemic, affecting up to one third of urban school children. Insulin resistance and type two diabetes have also been identified in this age group and more than half (55.5%) of the population, over 15 years are overweight or obese. Compounding this, iron deficiency persists in children and women and isolated cases of childhood protein energy malnutrition (PEM) still exist. Micronutrient deficiencies are treated medically, but their persistence indicate a need for local food based guidelines towards their prevention. However, by and large, PEM secondary to deprivation is being mitigated by our integration into the global food system, a process that instead seems to be driving obesity.

Health education initiatives that target both parents of young children and adolescents, are fundamental to increasing nutrition awareness and optimizing dietary choices. At present the National Nutrition Education Program provides interactive, dietitian led workshops in the local health centers and schools. Breast feeding is strongly promoted as the safest and most nutritious food for infants, and as a critical measure in combatting obesity, both in childhood and later life. All public hospitals are committed to the Baby Friendly Hospital Initiative, and early initiation and rooming in is the norm. Presently 95% of women successfully initiate breastfeeding, but only 10% achieve exclusivity by 6 months. In response we have adopted the WHO global strategy for Infant and Young Child Feeding and plan to implement the WHO growth standards in

primary care. This initiative supports a national childhood surveillance program which will detect both growth failure and excessive adiposity in young children.

However obesogenic foods are still pervasively marketed, especially to children, and are available in school cafeterias. In October 2014 the Interim Nutrition Standards for Food Offered for Sale in School was published. This utilizes a traffic light color system that guides vendors to limit sales of hypercaloric and high fat foods and beverages. These initiatives are galvanized under a draft Childhood Obesity Prevention Policy, which will take effect in 2015.

The School Feeding Program which freely supplies lunches to 822 schools daily has been a failsafe in addressing childhood malnutrition in the past but the meals must now be refashioned to combat obesity. National Nutrition guidelines, which explicitly address optimal carbohydrate and protein intake to prevent obesity in children and adults can go a long way in illuminating consumer choice and institutional nutrition. Clinical guidelines that can decisively address obesity are still outstanding both locally and internationally. National dietary policies will likely fail if done in isolation, and require support from international agencies including governments, multinational food manufacturers and other players in the food chain.

We are cognizant that malnutrition and obesity are rooted beyond individual lifestyle choices and extend to the food market, culture, and economics. In Trinidad food insecurity among the urban working class has been linked to obesity rather than PEM, as fast foods and processed snacks are ubiquitous and cheap. Thus affordable access to a wide variety of vegetables, meats, legumes, and starchy staples, is a defining feature of food security in populations burdened by NCD's. The National Food Production Action Plan, is geared to increase vegetable, meat and fisheries yield and plans to encourage and support private sector engagement in meeting these goals. Currently 12 large farms (100-300 acres) have been set up, with economic sustainability and improving food diversity in mind. However we acknowledge a need for better alignment between nutrition and agricultural policy to ensure food production supports the health agenda.

Finally but crucially in 2013 a high prevalence of Disease Related Malnutrition (DRM) in Adults was highlighted in the hospital setting. DRM has not been substantially addressed in the Caribbean either in policy or practice. Patients with unmitigated chronic non-communicable disease are especially vulnerable to DRM. Elderly patients with dementia, loss of mobility or neglect are at extremely high risk of malnutrition. Presently clinicians' lack adequate training and sensitization towards this issue, and DRM is underdiagnosed. The Ministry of Health is embarking on a National Malnutrition Screening Program, and aims to formulate and implement a Trinidad and Tobago Malnutrition Screening Tool based on the MUST or NRS-2002.

As we move towards our post 2014 agenda, Trinidad and Tobago reaffirms its commitment to the Framework for Action and the Rome Declaration on Nutrition, and we stand resolved to address malnutrition in all its forms.