



Strategies for Public Policy on Development and Food Safety in Latin America and the Caribbean¹

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Executive Summary

This document presents a historical review of food safety policies in Latin America and the Caribbean through 2007 in the context of development strategies. It also presents a description of the institutions, policies, plans and programs related to food safety in the region.

Until 2007 the region presented important though heterogeneous progress, economic growth, increased exports and reductions in poverty and hunger. However, in Central America and some Caribbean nations there have been steps backward or less progress and continued high levels of chronic infant malnutrition. In the historical context of development strategies, the concern for and policies on food safety begin at the stage of government-led industrialization and center on maternal-infant food programs (1950s and 1960s). The oil crisis of the 1970s brought policies aimed at increasing food production. The issue of access emerged in the 1980s (the “lost decade”) and 1990s (the stage of market reforms) and early 2000s. But beginning in the mid-1990s, food safety policies begin to lose relative importance as compared to the issue of poverty, and it was not until the mid-2000s that, along with nutrition, these policies began to return to the agenda as food safety and nutritional policies. Five countries in this region (Argentina, Brazil, Ecuador, Guatemala and Venezuela) approved food safety and nutrition laws between

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2002 and 2008. This historical trend did not lead to the abandonment of actions that directly or indirectly, explicitly or implicitly impact food safety. Available data show actions that will be grouped into four areas for the purposes of this document. They are: i) small-scale agriculture and rural development (promotion of the production of small family farms, support from demand and rural development); ii) social protection and nutrition (conditioned transfer programs and direct access to food); iii) nutritional health assistance (maternal lactation, nutritional recovery and supplementation and fortification of foods); iv) education and training in food and nutrition (primary health care, training for food preparation and consumption and the introduction of food and nutrition into the curriculum).