Framework Law on School Feeding

Latin American and Caribbean Parliament
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Panama City, 2018
This publication of the Framework Law on School Feeding of the Latin American and Caribbean Parliament was prepared with support from the Mesoamerica Hunger Free programme, sponsored by the Food and Agriculture Organization of the United Nations (FAO) and the Mexican Agency of International Cooperation for Development (AMEXCID).

In case of discrepancy between the content of this version in English and the original version in Spanish, the version published in Spanish prevails.
PURPOSE

The “Food and Nutritional Security in Latin America and the Caribbean Panorama” published by FAO shows that the latest estimates concerning hunger in the world indicate that in the past two decades the number of undernourished people in Latin America and the Caribbean has been reduced by 16 million. Regardless of this fact and of the efforts aimed at fulfilling the Millennium Development Goal, 49 million people are affected by hunger within the region. This is not due to insufficient production or lack of food supply (except for catastrophes), but mainly due to a lack of access to food by a large sector of the population with insufficient income to purchase food. This is a situation that targets the most vulnerable and poor sector of each and every one of the countries.

According to this report, during the last decade, the region underwent a dynamic period of economic growth and reduction of poverty. However, the region of Latin America and the Caribbean still has very high levels of inequality in comparison to other regions of the world. Although in recent years governments have increased public expenditure, with a high social component, to
improve the quality of life of the most vulnerable households in rural and urban areas, public actions aimed at reducing risks from lack of access to the Right to Food are needed.

In the late 2012, the PARLATINO (Latin American and Caribbean Parliament) passed the “Framework Law on Right to Food, Food Security and Sovereignty”. As timely expressed by the President and Executive Secretary, “this law is a very significant step for the 23 member countries of PARLATINO, and even other States, since it allows us to convey, in a legal instrument, the leadership of our region in the fight against hunger and malnutrition globally”. The parliaments that conform this supranational entity have a strong commitment to fighting hunger and malnutrition. This is not only conveyed by the agreement we have reached to draft this law, but also by our taking part in the Parliamentary Front Against Hunger. It is through here that, together with FAO, we intend to create legal provisions aimed at fulfilling the Right to Food by strengthening and developing legal frameworks and wide and politically robust social agreements that ensure stability.

This draft of Framework Law intends to establish a path for the “Post-2015 Development Agenda”, especially re-
Regarding children and adolescents. Such framework shall become a benchmark for States to adopt useful measures to foster the Right to Food in a more precise way, and to provide a legal way of ensuring its compliance. This shall allow the drafting of specific laws aimed at protecting the access to the Right to Food of certain groups of the population. Consequently, the place of the framework law within the local provision and regulations is critical for its interpretation and compliance due to its connection with other relevant laws that affect access to such right.

Health, in its widest meaning, including chronic disease prevention, contributes to poverty reduction and, thus, to Goal 1 (Eradicate extreme poverty and hunger). In the poorest countries of the world, although infectious diseases and malnutrition still prevail, chronic diseases known risk factors are increasing. Such risk factors have much greater consequences when infants and young children suffer stunting and micronutrient deficiency during periods in which they should undergo rapid growth.

In this regard, we have confirmed that nutrition is a concern in Latin America and the Caribbean, and it is basically conveyed in two types of problems associated to
food: stunting and obesity.

**Stunting:**
The prevalence of Stunting as a long-term and persistent problem reflects several causes that affect growth in children, such as:

- Low birth weight.
- Delayed growth.
- Infant feeding patterns.
- Frequent disease episodes.
- Environmental hygiene.
- Nutrition and education of the mother.

When UNICEF\(^1\) Regional Management Team carried out a quick assessment of stunting in the region, focusing on social and geographical disparities, it found large inequalities in many countries of the region, and confirmed that domestic indicators tend to conceal external disparities. Children who find themselves in these percentages are in high risk of facing death.

\(^1\) http://www.unicef.org/lac/overview_4180.htm.
The four dimensions of nutrition distribution were evaluated:

1. Geographic disparities regarding stunting, as one of the best indicators available to show the lack of world attention in the long-term and limited development of children.

2. Geographic disparities regarding low weight.

3. Urban-rural disparities regarding stunting, where extreme cases, such as Panama, show a prevalence of stunting in rural areas (22.5%) 4 times higher than in urban areas (5.6%).

4. Gender disparities regarding stunting. In Jamaica, boys (7.9%) were found to be twice as undernourished as girls were (3.8%).

The results show that severe disparities are concealed, and national averages do not reveal the vulnerable and extremely undernourished situation of children of the region, thus tending to hide extreme disparities.

“UNICEF, as a humanitarian agency that works for Children’s Rights, considers that if severe acute malnutrition
is equal to a death sentence, stunting is equal to a lifetime in jail\textsuperscript{2}.

Overall, the decisive factors and the role of specific risk factors of chronic diseases are identical for all countries, considering each disease individually or all of them combined. Worth citing are the following factors: urbanization, globalization, increase in marketing and use of tobacco and food with high fat and sugar content and low micronutrients, and lack of physical activity at home, work, recess, and transportation.

Although at first mortality rates can be higher in the most favored sectors of society and urban areas, global data shows that eventually all health-associated risks concentrate in the poorest sectors, even in many rural areas, thus becoming the main disparity factor for social classes.

Unhealthy diets and lack of physical activity are two of the main risk factors for stunting, overweight and obesity, hypertension, hyperglycemia, hyperlipidemia, and for the main chronic diseases, such as cardiovascular diseases, cancer, and diabetes. In consequence, to achieve

\textsuperscript{2} http://www.unicef.org/lac/overview_4180.htm
good health, a healthy diet and sufficient and frequent physical activity are the main factors to promote and enjoy good health throughout life.

**Childhood Obesity:**
Childhood obesity is one of the most severe public health problems of the 21st century. This is a world problem that is increasingly affecting many low and medium income countries, especially in urban areas. Its prevalence has increased at an alarming rate. In 2010, there was an estimate of 42 million overweight children in the world, 35 million of which live in developing countries.

Obese and overweight children tend to continue being obese during adult years and are more likely to suffer non-communicable diseases at younger ages, such as diabetes and cardiovascular diseases. Overweight, obesity and other related diseases can be prevented. Consequently, preventing childhood obesity must become a priority.

The fundamental cause of childhood overweight and obesity is an imbalance between caloric intake and caloric expenditure. The world increase in childhood overweight and obesity can be attributed to several factors, such as:
• A global shift in diet towards increased intake of energy-dense foods that are high in fat and sugars but low in vitamins, minerals, and other healthy micronutrients.

• A trend towards decreased physical activity levels due to the increasingly sedentary nature of many forms of recreation time, changing modes of transportation, and increasing urbanization.

**Societal reasons for the childhood obesity epidemic:**

WHO recognizes that the increasing prevalence of childhood obesity results from changes in society. Childhood obesity is mainly associated with unhealthy eating and low levels of physical activity, but the problem is linked not only to children’s behavior but also, increasingly, to social and economic development and policies in the areas of agriculture, transport, urban planning, the environment, food processing, distribution, and marketing, as well as education.

The problem is societal and therefore it demands a population-based multisectoral, multi-disciplinary, and culturally relevant approach.
Unlike most adults, children and adolescents cannot choose the environment in which they live or the food they eat. They also have a limited ability to understand the long-term consequences of their behavior. Therefore require special attention when fighting the obesity epidemic.

**The Role of Member States**

The Global Strategy on Diet, Physical Activity and Health (DPAS) fosters the formulation and promotion of national policies, strategies, and action plans to improve diet and encourage physical activity.

The role of governments is crucial in achieving sustainable changes in public health. Governments have a primary steering and stewardship role in initiating and developing DPAS, ensuring that it is implemented and monitoring its impact in the long run.

National institutions for public health, nutrition and physical activity can provide the necessary expertise, monitor developments, help to coordinate activities, participate in collaboration at international level, and provide advice to decision-makers.
What can be done to fight childhood obesity epidemics? Overweight and obesity, as well as related noncommunicable diseases, are largely preventable. It is recognized that prevention is the most feasible option for curbing the childhood obesity epidemic since current treatment practices are largely aimed at bringing the problem under control rather than effecting a cure. The goal in fighting the childhood obesity epidemic is to achieve an energy balance which can be maintained throughout the individual’s life-span.

**General Recommendations**

**Solution**
The latest research has provided plenty of information on the ideal diet and the minimum amount of physical activity needed, as well as the most efficient public health interventions (on an individual basis and for the general population) to achieve such diet and physical activity levels.

Some of the specific recommendations regarding diet and physical activity are the following:

- Increase consumption of fruit and vegetables, as well as legumes, whole grains, and nuts.
• Greatly increase the amount of physical activity throughout life.

• Limit energy intake from total fats and trans fatty acids, and shift fat consumption away from saturated fats, in some cases even reducing the total intake of fats.

• Regarding products of animal origin, encourage the consumption of fish, lean meats, and low fat dairy products.

• Limit the intake of sugars.

• Limit salt consumption from all sources and ensure that salt is iodized.

• Properly inform consumers regarding food products so that they can make “educated choices”.

• Limit intensive marketing of fat and/or sugar-rich food targeted to children.

• Support exclusive breastfeeding for the first six months and complement with healthy dietary practices in infants and young children until two years of age.
Taking these recommendations (together with an efficient tobacco control) to actual national and local policies and measures will take time, constant political commitment, and collaboration of stakeholders. Such efforts could foster unprecedented changes in the health of the population and should take populations in the right path to ongoing health improvements throughout life.

**Societal Recommendations**

Curbing the childhood obesity epidemic requires sustained political commitment and the collaboration of many public and private stakeholders. Governments, International Partners, Civil Society, NGO’s, and the Private Sector have vital roles to play in shaping healthy environments and making healthier diet options for children and adolescents affordable, and easily accessible. It is therefore WHO’s objective to mobilize these partners and engage them in implementing the Global Strategy on Diet, Physical Activity and Health\(^3\).

WHO supports the designation, the implementation, the monitoring, and the leadership of actions. A multisecto-

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\(^3\) Reference material for a WHO Global Strategy on diet, physical activity, and health. [http://www.who.int/dietphysicalactivity/media/en/gscon_doc_sp.pdf](http://www.who.int/dietphysicalactivity/media/en/gscon_doc_sp.pdf)
ral approach is essential for sustained progress: it mobilizes the combined energy, resources and expertise of all global stakeholders involved.

The general goal of the WHO Global Strategy on Diet, Physical Activity and Health is to give orientation on a local, national, and international level of activities that, jointly implemented, will lead to quantifiable improvements of the level of risk factors and reduce morbidity and mortality rates due to chronic diseases related to diet and physical activity.

We, as parliaments that conform a supranational entity, understand that we must join efforts to accomplish the goal of giving to the population of our countries the best guarantees of access, from the very early stages of life, to the necessary amount and quality of food in order to live a full life.

Therefore, we propose this Draft for a Framework Law on School Feeding, which will allow us to consider the following questions for each of our individual countries:

- What is the situation in terms of domestic regulations and policies of each country regarding diet and physical activity? (for instance, are there any codes
concerning labeling and marketing of food?)

- Do policies of different sectors entail aspects such as health, transportation, and agriculture?

- Does farming policies involve issues such as national food security, trade, exportations, and problems concerning agriculture and the environment?

- Have the obstacles towards healthy food been researched?

Based on the experience gained through efficient policies and strategies in several countries and communities, we consider that this Draft of Framework Law on School Feeding shall contribute to States being able to follow work principles for the WHO Global Strategy on Diet, Physical Activity and Health:

- The Strategy must be comprehensive and consider all the important risks for chronic diseases; must be multisectoral and adopt a long-term perspective.

- Each government must select the ideal combination of policies and programmes based on the country’s capacity and economic situation.
• Governments must have an important steering and stewardship role in initiating and developing the strategy and monitoring its implementation and consequences in the long run. Changes can be accomplished if governments act decisively and commit in the long term. The involvement of local governments is essential for successful implementation.

• The Ministry of Health should undertake the essential role of calling the ministries that will actively participate: like policy makers concerning food and agriculture, youth and sports, education, trade, industry and finance, sustainable planning, and development, as well as local authorities and those in charge of urban planning.

• Governments may have to simultaneously address nutritional imbalance problems, as well as stunting, micronutrient deficiencies, overweight and obesity. This shall enable a more coherent policy concerning nutrition, agriculture, and food.

• Governments cannot proceed on their own. To accomplish sustained progress, it is essential to combine the efforts, resources, and knowledge of the private sector (including, but not limited to, food,
beverages, sporting goods, sports organizations, retail, advertising, insurance, and media), healthcare professionals, consumer organizations, academia, and researchers.

• The food industry has a very important role in providing healthy and affordable food. The efforts towards reducing levels of added salt, sugar, and fat to processed food and reviewing many of the current marketing practices could accelerate health improvement around the world.

• It is essential to implement a comprehensive approach for the prevention and control of chronic diseases, from maternal and child health care, health care for adolescents, school and workplace structure and activities, to outpatient care for the elderly and disabled people.

• Globalization of diets and physical activity guidelines call for global responses. Member States must share the responsibility of promoting an ideal diet and healthy lifestyle. Several aspects of the strategy can be reinforced using international standards, like the Codex Alimentarius, and dealing with the transnational issues arising from the harmful or beneficial
marketing of food for children or making fruits and vegetables widely available. All countries would also benefit from world surveillance of the main risk factors and consumption trends, as well as international research on the causes and evolution of nutrition transition and physical inactivity.

- The strategy must have a clear impact on the poorest sectors of the countries. There are many strategies that mainly benefit privileged populations. The strategies that benefit the lives of the poorest sectors of a country usually require a firmer governmental intervention and surveillance. The strategy must adapt to different ages.

- Finally, since family decisions in terms of food and nutrition are usually taken by women, and physical activity guidelines consider sex and age, the strategy must take gender into account.

**From science to action:**
Action must be based on systematic evaluations of the needs and proven data. To achieve a change in diet and physical activity, the efforts of many actors must join throughout several decades. For many areas a combination of solid and feasible strategies and a close sur-
veillance and evaluation of effects must be carried out; thus, except for pilot community-based projects, it is advisable to avoid short-term interventions and evaluations.

Governments are encouraged to take advantage of the implemented structures related to many aspects of diet and nutrition. Many countries are already developing national action plans on diet and nutrition that may become the basis in the fight against chronic diseases.

As reference, the following list shows policies and interventions that are being implemented in many Member States (selecting which one is the right one depends on each country):

- Public awareness and social mobilization: the power of political leaders and social models should be fully leveraged, using public spaces to promote the main evidence-based recommendations (explained above), concerning diet and physical activity. Such information should be displayed throughout the year, especially for Health Day, World Heart Day, World Diabetes Day, etc.

- Government policies related to diet and physical
activity: the creation of policies requires participation of many groups of society. Government policies spread the message and boosts interventions on the community level, and may include the following measures:

a. Information and education: to ensure that consumers make educated decisions and to protect children from messages and products that may be harmful.

b. Policies may comprehend laws, regulations, and measures concerning labeling and attribution of healthy effects, and all aspects of food and beverage marketing (including advertising and sponsoring).

c. Public education campaigns and school programmes to encourage physical activity and ideal diets.

d. Food and farming policies: incentives and aids for production and marketing of healthier food products should be provided, including technology for: fruit, vegetable, and legume production, as well as other healthy farming products; technological innovations to produce healthier food; and improvements in the distribution chain and exportation of such products.
Among the available alternatives to foster this process, state aids for programmes to promote internal selling in schools are noteworthy, as well as other public restoration and food aiding programmes, and contracts with local farmers to provide them with a local market.

e. Price policies and subventions: several countries use complex subvention systems to promote the production of several food products; other countries use taxes to increase or decrease the consumption of certain food products; and others use public funding and subventions to promote the access of poor communities to leisure and spots facilities. Each country can analyze if, overall, these financial measures improve their population’s eating habits. The Ministry of Finance should take part in such review and in the preparation of financial analysis of the consequences of chronic diseases in national finances, since this could be decisive for the implementation of convenient tax policies in the long run.

f. Physical activity policies involve many sectors: urbanists can make policies that encourage walking, cycling, and other forms of exercise and contribute to these being safe activities; schools can contribute to daily exercise in children; workplace policies can encourage breaks for physical activity; and sporting and leisure fa-
cilities should contribute to improve access in line with the principles of Sport for All programmes, which could mean an increase in activity levels throughout life.

g. Better use of health services aimed at prevention: leveraging contact between users and health care professionals to give patients and families practical advice on the benefits of an ideal diet and more physical activity. Governments can consider the possibility of offering incentives to implement such practice and encourage research to assess if prevention opportunities are actually being taken. Governments should also consider improving the structure of funding to encourage health care professionals and allow them to spend more time advising on how to prevent chronic diseases.

h. Incentives for markets to consider prevention and management of chronic diseases: together with the industry, governments can analyze the best way to encourage industry and retail to invest more in the development of healthy messages that support the strategy, as well as the development of new products that fulfill nutrient needs in a balanced diet. Favorable results have been achieved regarding diet and physical activity by fostering cooperation with the private sector and avoiding confrontation.
i. More participation from health care and consumer organizations might boost efficiency and reach of governmental policies, since it is a cost-efficient way of getting community support.

j. It is essential to invest in surveillance systems to monitor the main risk factors and their evolution once the policies and strategies have been modified. In some countries, existing systems can be taken advantage of. Firstly, the use of tobacco must be addressed, as well as the amount of physical activity, certain diet components, blood pressure, cholesterol levels, and glycemia.

k. Investment on applied research (with support from academia), especially in community level projects, together with more intervention of scientists in diet and physical activity research shall reflect on better supported policies and more educated politicians and shall provide a framework of specialized knowledge locally and nationally.
PREAMBLE

Whereas the peoples of the United Nations have reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person and have determined to promote social progress and better standards of life in larger freedom.

Whereas the United Nations has, in the Universal Declaration of Human Rights, proclaimed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Whereas the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.

Whereas the need for such special safeguards has been stated in the Geneva Declaration of the Rights of the Child of 1924, and recognized in the Universal Declaration of Human Rights and in the statutes of specialized agencies and international organizations concerned
with the welfare of children.

Whereas mankind owes to the child the best it has to give.

Whereas the Declaration of the Rights of the Child proclaimed by The General Assembly to the end that he may have a happy childhood and enjoy for his own good and for the good of society the rights and freedoms herein set forth, and calls upon parents, upon men and women as individuals, and upon voluntary organizations, local authorities, and national Governments to recognize these rights and strive for their observance by legislative and other measures progressively taken.

Whereas Principle 2 states that the child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

Whereas Principle 4 of such Declaration states that the child shall enjoy the benefits of social security. He shall
be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation, and medical services.

Whereas General Comment 12 of the Implementation of the International Covenant on Economic, Social and Cultural Rights, the right to adequate food (art. 11), (Twentieth session, 1999), U.N. Doc. E/C.12/1999/5 (1999), states in item 9: Dietary needs implies that the diet as a whole contains a mix of nutrients for physical and mental growth, development and maintenance, and physical activity that are in compliance with human physiological needs at all stages throughout the life cycle and according to gender and occupation. Measures may therefore need to be taken to maintain, adapt or strengthen dietary diversity and appropriate consumption and feeding patterns, including breast-feeding, while ensuring that changes in availability and access to food supply as a minimum do not negatively affect dietary composition and intake; and states in item 11: Cultural or consumer acceptability implies the need also to take into account, as far as possible, perceived non-nutrient-based values attached to food and food
consumption and informed consumer concerns regarding the nature of accessible food supplies.

Whereas on December 2008 the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (OP-ICESCR) was adopted and is already being ratified by several States of Latin America and the Caribbean.

Whereas in the Plenary Assembly of IFAP on September 15, 2009, it was acknowledged that a policy on development and food security that is both sustainable and equal for everyone is necessary.

Whereas in the 2009 World Summit on Food Security, signing countries affirmed “the right of everyone to have access to safe, sufficient, and nutritious food, consistent with the progressive realization of the right to adequate food in the context of national food security” and that fulfilling such right shall depend, mostly, on legislative efforts to institutionalize it.

Whereas in the 25th Ordinary Assembly of the Latin American and Caribbean Parliament of December 3, 2009, the Latin American Declaration of Human Rights, known as Panama Declaration, was issued establishing that “all the people from Latin America have a right to
food that ensures a healthy physical and mental development” (art. 7 and 11).

Whereas in the Unity Summit, constituted by the 21st Summit of the Rio Group and the 2nd Summit of Latin America and the Caribbean on Integration and Development (CALC) in Cancun, Mexico, there was an agreement to “strengthen integration processes regarding food and join efforts to support the Hunger-Free Latin America and Caribbean Initiative 2025”.

Whereas in the Declaration of the XVI Latin American Summit (Uruguay, November 2006) the heads of state and government expressed their commitment to the Initiative.

Whereas in the Summit of Latin America and the Caribbean on Integration and Development carried out on December 2008, the heads of state and government of the region signed the Declaration of Salvador de Bahía, supporting the effort and including food and nutrition security as a priority in their common agenda.

Whereas, in the third World Summit on Food Security carried out in November 2009, world leaders committed to boosting the support of regional strategies for food
security, like the Hunger-Free Latin America and the Caribbean Initiative.

Whereas in the Unity Summit, constituted by the 21st Summit of the Rio Group and the 2nd Summit of Latin America and the Caribbean on Integration and Development (CALC) in Cancun, Mexico on February 2010, Latin America and Caribbean heads of government explicitly stated their intention to strengthen integration processes regarding food and join efforts to support the Hunger-Free Latin America and Caribbean Initiative.

Whereas in the Final Report of the I Meeting of Ministers of Social Development and Hunger and Poverty Eradication of Latin America and the Caribbean, held March 2011 in the Latin America and Caribbean Summit on Integration and Development (CALC), countries agreed to boost food policies in the region based on Latin American and Caribbean unity processes, such as the Hunger-Free Latin America and Caribbean Initiative.

Whereas the World Food Programme (WFP) urged the region to achieve an equal access to food, since close to 25% of the population “is vulnerable to hunger”.

Whereas, in December 2012, the PARLATINO (Latin American and Caribbean Parliament) passed the “Fra-
mework Law on Right to Food, Food Security and So-vereignty”. This Law is a significant measure for the 23 Member States of PARLATINO and even other States since it allows us to convey in a legal instrument the leadership of our region in the fight against hunger and malnutrition globally.

ACKNOWLEDGING THAT:
To live a safe life, all people need access to adequate food.

Hunger and malnutrition are global problems.

Malnutrition is caused by hunger, poor quality food, and diseases.

It is likely that, regardless of an adequate daily caloric intake, a person could lack essential nutrients that should be part of their diet.

Exercising the right to adequate food implies eradicating malnutrition.

The right to adequate food puts pressure on States to fulfill three types of obligations: the obligation to res-
pect, the obligation to protect, and the obligation to fulfil. The obligation to respect the existing access to adequate food requires States to refrain from adopting measures that could result in denying such access. The obligation to protect requires States to adopt measures to ensure that companies or individuals do not limit access of people to adequate food.

The obligation to fulfil requires States to launch activities aimed at strengthening access and use of resources and means by the population to protect their means of living, including food security. Finally, when an individual or group is uncapable, due to reasons out of their control, of enjoying the right to adequate food through their own means, States shall fulfil such right directly.

In consequence, Governments must guarantee food accessibility, availability, and security.

Therefore, to fulfil the need for food, States must provide long and short-term solutions to avoid lack of food and malnutrition.
RECOGNIZING:
That the region produces food but lacks an efficient distribution model.

That children are the most vulnerable sector in terms of malnutrition in comparison with other sectors.

That in Latin America there are more than 7 million preschool children suffering stunting, an issue that prevails in indigenous and Afro-descendants peoples. That young children are more likely to suffer diseases caused by malnutrition, and thus irreversible mental and physical damages throughout life.

That, in consequence, children have a right to safe food and to be free from disease and malnutrition.

That, pursuant to Principle 6 of the Rights of the Child, society and public authorities shall have the duty to extend particular care of children without a family and of those without adequate means of support.

That the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth.
That mankind owes to the child the best it has to give.

WE INTEND:
To raise awareness in subnational and national congresses regarding the importance of having a special protection framework to ensure full enforcing of the Right to Food in current regulations, for it to be established definitively in institutional frameworks.

Framework Law on School Feeding

CHAPTER 1
GENERAL PROVISIONS

Article 1.- Object of the Law
To establish a legal reference framework that allows each State to implement policies and strategies to permanently guarantee, as national priority, the Right to Food, Food and Nutrition Security of children and adolescents to enjoy a healthy life.

Article 2.- Duties and Obligations of States:

a. The duties of States are to respect, carry out, protect, and promote that children and adolescents may enjoy their right to food. These obligations prevail for
States during armed conflict, emergency situations, and disasters.

b. Guarantee Duty: States must guarantee timely access to sufficient food for the healthy development of childhood and adolescent population exposed to unfavorable socioeconomical and environmental conditions.

c. States shall report, monitor, control, and assess the fulfilling of this right, as well as guarantee the means to demand it.

d. The exercise of the human right to adequate food by children and adolescents is considered a state policy with a comprehensive approach within the framework of national, sectorial, and regional policies.

Article 3.- Purpose of the Law:

a. To fully guarantee the exercise of the human right to adequate food.

b. To protect the health of children and adolescents who attend preschool, primary and secondary education through the promotion of healthy eating habits in education, as a way of contributing to the
prevention of stunting, overweight, obesity, hypertension, and non-communicable chronic diseases linked to these.

c. To implement actions tending to improve nutritional state of boys, girls and adolescents who attend public and private schools.

d. To promote healthy eating habits in the population.

e. To favor students who attend these schools to make it possible for them to integrate healthy eating habits to adequate food and beverages by making these available inside educational facilities.

f. To include gluten-free and diabetics food and beverages to eating habits as a way of promoting equality in this regard.

g. To promote food and beverages offered in schools to comply to the established list in item d) of article 6 herein.

Article 4.- This Law is aimed at:

a. Declaring the policy and strategy of the right to ade-
quate food for children and adolescents a national priority.

b. Implementing strategies to overcome malnutrition, hunger, overweight and obesity, and guaranteeing health for children and adolescents of the member States.

c. Strengthening public institutional capacity so that each State can guarantee the right to food, specially focusing on children and adolescents, pursuant to the principles of cultural and productive diversity of communities, peoples, and nationalities.

Article 5.- Scope of Application:
Obligations derived from the right to adequate food are binding for all the powers of States and other public and private education authorities (of all levels: national, regional, or local).

The holders of the right to food are natural entities.

States must encourage international cooperation and provide the needed care to guarantee the fulfilling of the right to food of children and adolescents in other countries. In case they can do so.
Article 6.- School Feeding Guidelines:

a. Healthy and adequate eating involves using a variety of safe food products, from the nutritional and sanitary point of view, that in observance of the culture, traditions, and healthy eating habits, contribute to the growth and development of students and their academic attainment, in agreement with the parameters of their age and health group, especially for those who need specific attention and/or are in a state of social vulnerability.

b. Food products offered at schools should try to be sustainable, specially offering incentives to purchase a diversity of locally produced food products, preferably through family farming and rural family farmers, thus, when possible, giving priority to indigenous communities. In any case, States shall be responsible for the food provided in public and private schools in terms of healthiness and innocuousness, as well as for the observation of hygiene measures for their production and distribution.

c. The Ministry of Public Health shall make a list of adequate food groups and beverages. This list shall include information for the sectors associated to schools (students, teachers, non-teaching staff and
parents), giving recommendations for healthy eating in different stages of life, as promotion and prevention for the community.

d. Advertising in schools of such food groups and beverages not included in the aforementioned list shall be forbidden.

e. The Ministry of Education and Culture shall include healthy eating habits in educational programmes and shall encourage the intake of suitable water and doing physical activity.

Article 7 Governing Principles

a. Participation: The community shall participate through social control of the measures taken by States to ensure a healthy, adequate, and available food in schools. Such participation should be free, active, and significant, directly exercised or mediated by organizations which represent specific interests.

b. Accountability: States shall ensure that interventions are based on objective information and methods, have monitoring and ongoing assessment mechanisms, fostering transparency in public actions, social auditing, and considering the real needs of the po-
pulation.

c. **Equality:** All human beings are born free and equal in dignity and rights. The State shall promote the proper conditions to achieve actual and effective equality adopting provisions and policies of positive and differentiated action that value diversity. This is aimed at achieving equality and social justice, ensuring equal conditions for people to enjoy and exercise their rights to adequate food.

d. **Non-discrimination:** The State shall respect, protect, and ensure the right to adequate food without discrimination specially for the most vulnerable population: children and adolescents. Any distinction, exclusion, restriction, or preference based on race, color, age, language, religion, political belief, national or social origin, which has the purpose or effect of nullifying or impairing the right of the minor child to food shall be deemed illegal and subject to legal penalties.

e. **Empowerment:** People shall have the necessary knowledge, attributions, ability, capacity, and access.
CHAPTER 2
DEFINITIONS

The following definitions shall be adopted for the purposes of this Law:

a. **Health**: The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health is closely linked to nutrition, as previously mentioned. Therefore, it is very important for families and people that have some connection to childhood and adolescent feeding to understand how to eat considering age, sex, height, and what activities can be done. Thus, health can be accomplished with good nutrition.

b. **Malnutrition**: It is caused by deficiencies, an excess or imbalance of nutrient intake. Formally speaking, “malnutrition” also includes undernourishment and overfeeding.

c. **Undernourishment**: deficiency of nutrients caused by inadequate, hypocaloric and hypoproteic diet. It can start off with the consumption of a very small amount of food for a long period of time, which is
called primary undernutrition. Undernourishment is mainly found in populations with low resources and it usually affects children in underdeveloped countries.

d. **Stunting**: Stunting in infants, children and adolescents refers to a delay in the expected growth for a specific age which is evidenced in weight and height. During such a delay in children and adolescents, the body delays its growth due to a lack of nutrients which causes deficiencies that will have a long-term effect. This type of undernourishment can be moderate or severe depending on the size and weight registered. It is also closely linked to poverty, and in very unequal social and economic conditions stunting increases. Stunting is also a socioeconomical indicator. FAO considers that Latin America is among the regions affected by this burden.

e. **Overweight and obesity** are defined as “abnormal or excessive fat accumulation that may impair health”.

f. It is an important risk factor for chronic degenerative diseases such as: hypertension, dyslipidemia, cardiovascular diseases, cancer (endometrial, breast and colon), joint diseases (osteoarthritis), insulin resis-
tance and diabetes, and kidney damage.

g. **School Feeding**: Food products offered in public and/or private education institutions (preschool, primary or secondary) regardless of its origin.

h. **Respect**: Member states shall acknowledge that everyone has a right to safe food, and thus have a right to food access. In observance of such right, States shall not impair food access.

i. **Protection**: States shall also guarantee access to food.

j. **Fulfilment**: To fulfil the need for food, States must provide long and short-term solutions to avoid lack of food and malnutrition.

k. **Stability**: To achieve food security, a population, a household, or a person should have access to adequate food at every time. There must not be a risk to lack of access to food because of sudden crisis of any kind or cyclical events. In this way, the concept of stability refers to availability as well as access to food.
l. **Facilitate:** To facilitate, governments implement strategies to ensure food security. This includes educating people and access to a variety of food. States shall provide food when obtaining adequate food is impaired by several factors such as socioeconomical condition.

m. **Adequate:** Food is considered adequate based on several variables, such as innocuousness, nutritional quality, amount, and cultural acceptance.

n. **Vulnerability:** Factors that determine the susceptibility of suffering inadequate nutrition or likelihood of interruption of food provisions due to failure in the provision system.

o. **Minimum quantity of food** is defined as the amount needed to cover the minimum food needs for a person to live.

**Article 7.- Interpretation of the Law**
The interpretation of the contents of the Law herein, as well as the enforcement by authorities, shall be in line with the applicable international instruments on the subject for each State, Constitution, and national regulations.
Article 8.- Most favorable interpretation principle
When facing multiple interpretations, the widest regulations or the most extensive interpretation shall prevail, if the question entails protected rights.

CHAPTER 3
SPECIFIC AREAS OF PROTECTION
This draft is created within the Framework Law on the Right to Food and Food Security, reason why its implementation is covered in the same protection areas.

Article 10.- Right to Food:
The Right to Adequate Food is the individual or collective human right to enjoy access at all times to adequate, safe, nutritious, and culturally relevant food, so that it can be properly used to fulfill nutritional needs, live a healthy life, and achieve proper development in all areas. This human right entails accessibility, availability, and use and stability of adequate food supply.

Article 11.- Conditions to exercise the Right to Food:
Everyone has the right to live in conditions that allow:

a. To feed oneself by one’s means through products provided by the earth or other natural resources,
and/or access efficient distribution, processing, and marketing systems.

b. To have the financial capacity to purchase sufficient quality food products and fulfil one’s basic needs in terms of eating.

c. To ensure access to adequate food in cases of unforeseeable events.

d. To access food products that contribute to adequate eating and clean water supply to achieve a state of nutritional well-being in which all physiological needs are fulfilled.

Article 12.- Special Provisions:

a. Boys and girls have the right to adequate food and nutrition for their age that allows them to grow and develop.

b. States shall implement School Feeding Programmes to implement the aforementioned.

Article 13
Competent authorities shall adopt regulations for spe-
cial measures or shall present before the Legislative Power a draft to prevent and compensate discrimination practices caused by the enforcement of the right to food of children and adolescents.

CHAPTER 4
STATE OBLIGATIONS

Article 14
Authorities consider illegal any act that deliberately impairs or obstructs access to food. States shall guarantee the implementation of the Right to Food and shall put into effect legal penalties in agreement to their laws and regulations.

Article 15
States shall review the relevance of the administrative and legislative framework to ensure the activities of private actors within their competence do not impair the right to adequate food for children and adolescents.

Article 16
The States’ national budget shall allocate the necessary resources to implement School Feeding programmes aimed at guaranteeing the fundamental right to food of
children and adolescents.

**Article 17**
When States, by reason of human rights in international law, have limited resources, they shall give priority to the most vulnerable population, especially children and adolescents.

**Article 18**
States shall establish information and cartography systems on lack of food security and vulnerability (SICIAV, Spanish acronym), to identify groups and households that are especially vulnerable to lack of food security and the causes.

**Article 19**
To overcome factors that force the implementation of School Feeding programmes in the medium and long term, competent public authorities shall strengthen the production of healthy and nutritious food, organize training and education programmes on the advantages and importance of a varied diet, and provide most vulnerable people with adequate food, especially children and adolescents.
Article 20

States shall provide the minimum amount of food to children and adolescents who attend public and private schools (preschool, primary, secondary), to enforce the right of every person to be protected against hunger, especially those who cannot access adequate food, and it shall carry out the following actions for such purpose:

a. To appoint the competent public authority.

b. To establish the legal responsibility of the appointed authority for the constant, stable and timely supply of “the minimum amount of food” to children and adolescents who are suffering hunger and undernourishment, or who are at risk.

c. Demand from the competent public authority to present before the Legislative Power, within the stated period of time, a draft for regulations on School Feeding, concerning the provision of the minimum amount of food.

d. Rules and regulations arising from the framework law on the minimum amount of food shall determine the exact amount of calories, proteins and micronutrients for the age, sex, and health condition in accor-
dance with item d) of Article 6 herein.

Article 21.- Right to Information

a. The State shall timely inform the population of the rights herein stated and the enforcement regulations, when they enter into effect, as well as other adopted measures to promote and encourage the right to food of children and adolescents.

b. For such purpose, the proper methods shall be used to communicate the information, including verbally (for instance through rural radio) using the local language and dialects. This is especially true for communities in remote areas and population with high levels of illiteracy.

c. A simple, fair, and accessible procedure that allows people to gather relevant information on the right to food of children and adolescents shall be deployed.

d. The required information shall be provided by the relevant public authorities.

Article 22

States shall include food and nutrition education, the
right to food, and the principles of human rights in the curriculum for primary and basic education.

CHAPTER 5
PROVISIONS ON NATIONAL AUTHORITY FOR THE RIGHT TO FOOD

Article 23
States shall establish the creation of a National Authority for the Implementation of the Right to Food of children and adolescents, to serve as main coordination body for the implementation of such right nationwide.

Article 24 - National authority and the exercise of duties and attributions
a. Apply the human right principles included in the law and other applicable international legal instruments to which the country has adhered.

b. Closely work with the representatives of civil society to take into consideration their opinions.

Article 25.- Attributions and Duties
Attributions and duties of the national authority of the right to food of children and adolescents through the
framework law shall be subject to the circumstances of each individual country.

The main duties and attributions shall be:

a. To offer counseling to government agencies and coordinate several activities and the actors involved in the stages of the Law on School Feeding to implement the Right to Food nationally, regionally, and locally.

b. To draft, adopt and review national policies in terms of right to food to ensure they are in line with the Framework Law on School Feeding and the “Right to Food, Food Security and Sovereignty”, passed by PARLATINO in December 2012, so that they address the changing needs of the population.

c. To determine the proper indicators to measure the progress of the implementation of the Framework Law on School Feeding and the Framework Law on “Right to Food, Food Security and Sovereignty”, and the implementation of the Right to Food.

d. Benchmarks must be specific, verifiable, and time-restrained.
e. To gather information regarding implementation of the Right to Food, and ensure it is shared and communicated to all stakeholders, in the adequate format and with the adequate content for a variety of users.

f. To offer suggestions to harmonize sectorial policies concerning the Right to Food and to give recommendations for the required changes derived from the data gathered during the technical and human rights audit process.

g. To establish priorities and coordinate resource allocation in agreement with such priorities.

h. To submit proposals before the relevant ministry or government bodies for the amendment of applicable laws, rules and regulations, or policies, or to draft new laws, provisions, rules and regulations or policies regarding the Right to Food or one of its components (accessibility, availability, and food adequacy).

i. Submit reports to the parliament regarding the state of implementation of the law on “Right to Food, Food Security and Sovereignty” and the Framework Law on School Feeding, as well as final remarks of
the surveillance bodies of international treaties that have assessed the country’s performance on Right to Food.

**Article 26.- Constitution**
Management and decision making shall reflect the multisectoral nature of the Right to Food: governments, research and statistical institutions, universities, representatives of civil society, of the private sector and Academia, and teachers.

Governmental representatives shall be high-level officers, ensuring the right to food of children and adolescents receives the adequate priority.

The Law shall govern the involvement of non-government representatives.

**CHAPTER 6**
**PROVISIONS ON AUDITING SYSTEMS**
*(Monitoring and Assessment)*

**Article 27**
An embedded auditing system which, considering the type of existing institutions, their scope and capabilities,
forces authorities and all-level entities to:

a. Gather data regarding food and nutrition security of children and adolescents, using auditing methods and processes that are in line with the principles of human rights.

b. To itemize gathered data by age, sex, situation, and group.

c. To assess the reached progress in terms of the right to food in the country.

d. To establish or identify early warning mechanisms.

**Article 28**
The auditing system shall be led by a human rights specialized, autonomous, and outside agency.

**Article 29**
The State shall ensure that the auditing institution has the necessary human and financial resources and credibility to ensure the effective auditing and monitoring of the right to food independently.
CHAPTER 7
PROVISIONS ON REPRESENTATION AND INVOLVEMENT OF CIVIL SOCIETY

Article 30
The State shall oversee that the relevant institutions enable full and transparent involvement of the private sector and society, and particularly representatives of the most vulnerable groups.

Article 31
The opinion of civil organizations involved with the subject shall be taken into account when drafting the school feeding policies or programmes, as they may influence the enjoyment of the right to food or that of their components.

Article 32
For the purpose of achieving the foregoing article, the State shall establish:

a. Measures to guarantee that consulting processes to examine specific areas of the Model Law on School Feeding are carried out.

b. Periodic open hearings in which the State shall re-
port advances on the enforcement of the Law and the progressive implementation of the Right to Food of children and adolescents.

**Article 33.- Selection and Representation Criteria**

To guarantee an effective representation of the representatives of society, the selection process shall require participation, transparency, and non-discrimination.

**Article 34**

To ensure a fair representation, the following shall be considered:

a. The ability of the group to represent the relevant communities.

b. The size of the group they represent.

c. The geographic features (urban, rural, forestry, etc.).

d. The technical abilities of the organization regarding right to food.

e. The ability of the group to organize.

f. The balance in terms of gender.

g. The balance in terms of representation of relevant communities and their interests within society (far-
mers, indigenous peoples, fishers, local communities, forestry communities, etc.).

CHAPTER 8
PROVISIONS REGARDING PROCEEDINGS

Article 35.- Administrative Proceedings
Administrative decisions or actions which imply a violation of the law provisions or derived regulations, as well as failing to comply with an obligation associated to such provisions, shall be appealed before an upper administrative authority.

Article 36
The highest authority shall be competent to impose the measures deemed necessary to repair the violation.

Article 37
Regulations shall state efficient and reasonable, in terms of time, administrative proceedings and the corresponding reparations. Resources that are solely administrative shall be supplemented with the right to a legal revision before the competent court.
This publication of the Framework Law on School Feeding of the Latin American and Caribbean Parliament was prepared with support from the Mesoamerica Hunger Free programme, sponsored by the Food and Agriculture Organization of the United Nations (FAO) and the Mexican Agency of International Cooperation for Development (AMEXCID).