BUILDING CIVIL SOCIETY ADVOCACY CAPACITY FOR CHILDHOOD OBESITY PREVENTION IN THE CARIBBEAN

HCC Webinar Series WEBINAR 1
CHILDHOOD OBESITY: TIME FOR A NEW NARRATIVE
THE HCC - WHO ARE WE?

• Registered not-for-profit organisation
• Formed 2008 post 2007 CARICOM Heads of Govt Summit on NCDs
• Only NCD Caribbean alliance of civil society organisations.
• Rich network of 120+ organisations connected with single purpose: addressing NCDs.
HCC PUBLICATIONS
CHILDHOOD OBESITY CARICOM

- 1 in 3 Caribbean children overweight or obese
- SIDS obesity rates among highest in the world
- Antigua & Barbuda, Bahamas, Barbados, Belize, Jamaica and Trinidad & Tobago had adult overweight/obesity prevalence of: 61.9%, 69%, 62.3%, 53.8%, 59.1%, and 61.4% respectively
- Up to 85% are not getting sufficient physical activity
- Fruit and vegetable consumption low
- Over 70% are drinking 1 or more soft drink per day
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

SEVEN PRIORITY AREAS FOR ACTION

1. Trade and fiscal policies
2. Nutrition literacy
3. Early childhood nutrition
4. Marketing of healthy and unhealthy foods and beverages to children
5. School- and community-based interventions
6. Resource mobilisation
7. Strategic planning, monitoring, and evaluation
IMPLEMENTATION PARTNERS

1. CARICOM CSOs
2. CARICOM Govts
3. PAHO, CDB, UWI OC, CARPHA, CARICOM
4. NCDA/GHAI WCRF/WOF
POLICY ASKS

PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society's contribution to national and regional action for healthier, happier children.

KEY POLICY ASKS

1. Taxation of unhealthy foods and beverages
2. Mandatory Front-of-Package Nutrition Labelling
3. Enacting legislation related to The International Code of Marketing of Breast-milk Substitutes
4. Banning the marketing of unhealthy foods and beverages to children
5. Banning the sale and marketing of unhealthy foods and beverages in schools
   Mandatory physical activity in schools
   School- and community-based interventions

PRIORITY AREAS:
- Trade and fiscal policies
- Nutrition literacy
- Early childhood nutrition
- Marketing of healthy and unhealthy foods and beverages to children
NATIONAL POLICIES

• Fiscal Policies – 3/20
  – (SSB Taxes in Barbados, Bermuda & Dominica)

• School Policies banning/restricting SSBs in schools - 4/20
  – (Bahamas, Bermuda, Jamaica, Trinidad & Tobago)

• Marketing Regulation – 0/20

• Mandatory Front of Pack Nutrition Labeling – 0/20
APPROACHES

- Awareness, Capacity Building, Advocacy
- Coalition Building
- Accountability
- High-Level Advocacy
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

AWARENESS, CAPACITY BUILDING AND ADVOCACY
CHILDHOOD OBESITY PREVENTION PORTAL

Welcome to the Healthy Caribbean Coalition’s Childhood Obesity Prevention (COP) Portal

Childhood obesity is an emerging crisis globally and in the Caribbean where 1 in 3 children are overweight or obese. These staggering numbers threaten to undermine the health of entire generations if bold policy and legislative actions are not taken now to create environments supportive of healthier, happier children and adolescents.

The HCC, working with our 100+ members across the region, has identified this as a priority area. We have taken a number of decisive steps with the support of various partners including the NCD Alliance.

In 2017 we launched our Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean, which provides a framework for civil society action in support of national efforts to prevent and control childhood obesity.

Under this action plan we are working with a range of partners on a number of exciting projects.
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society’s contribution to national and regional action for healthier, happier children.

Saint Lucia

Population 2017: 178,864
World Bank Income Level: 2017 Revision, Upper Middle Income
Estimated Cumulative Cost of Obesity 2017-2025 (US$M): 152,8

COP FACT SHEETS

OBESITY AND OVERWEIGHT AMONG CHILDREN

2016

<table>
<thead>
<tr>
<th>Childhood Levels of Overweight or Obese</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 5 to 9</td>
<td>26.1%</td>
<td></td>
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<tr>
<td>10 to 19</td>
<td>22.3%</td>
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</table>

<table>
<thead>
<tr>
<th>Childhood Levels of Obesity</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 5 to 9</td>
<td>11.3%</td>
<td></td>
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<tr>
<td>10 to 19</td>
<td>7.6%</td>
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</table>

RISK FACTOR STATUS

<table>
<thead>
<tr>
<th>Insufficient activity 2016</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE 11 to 17</td>
<td>83.6%</td>
<td></td>
<td>85.5%</td>
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</table>

<table>
<thead>
<tr>
<th>Attendance at physical education (PE) class on ≥ 3 days/week during the school year</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
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</table>

<table>
<thead>
<tr>
<th>Students who spend three or more hours per day during a typical or usual day doing sedentary activities</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>67.7%</td>
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</table>

<table>
<thead>
<tr>
<th>Soft drink consumption STUDENTS (13-15 yrs) who usually drink carbonated soft drinks one or more times per day during the past 30 days (%)</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
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</table>

<table>
<thead>
<tr>
<th>Infant breastfeeding</th>
<th>BOTH SEXES</th>
<th>MALE</th>
<th>FEMALE</th>
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<tr>
<td>No data</td>
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</tbody>
</table>

CARICOM Childhood Obesity Prevention action framework:
1. CRC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean
2. CARPHA Plan of Action for promoting healthy weights in the Caribbean: Prevention and control of childhood obesity 2016-2021
3. CARPHA 3-point policy package
4. NCDI Plan of Action for the prevention of obesity in children and adolescents 2015 & 2017

References:
1. WHO http://www.who.int
4. Global Health Observatory data repository
5. Global school-based student health survey. Results for students aged 13-15 years
8. El estado de las guías alimentarias basadas en alimentos en América Latina y el Caribe 21 años después de la Conferencia Internacional sobre Nutrición
9. Risk factor surveys of individual CARICOM countries. STEPS surveys were used for all countries except Barbados where HOFIT was used and Jamaica where Jamaican Health and Lifestyle survey 2009 was used.
The following shows the sugar content in grams per serving & per 330ml serving for sugar sweetened drinks sold in Suriname.

Children aged 2-18 years should consume less than 25 grams of added sugars daily.

Adults should consume less than 50 grams of free sugars daily.

<table>
<thead>
<tr>
<th>Drink</th>
<th>250ml Sugar Content</th>
<th>130ml Sugar Content</th>
<th>250ml Added Sugar</th>
<th>130ml Added Sugar</th>
</tr>
</thead>
<tbody>
<tr>
<td>THRILL CHERRY CHEMPANE</td>
<td></td>
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<td></td>
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<tr>
<td>FERNANDES SOFT DRINK</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>FRUTA CARTON ORANGE JUICE</td>
<td></td>
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<tr>
<td>JUICY REAL JUICE</td>
<td></td>
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<td></td>
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<tr>
<td>FRUTA CAN ORANGE DRINK</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SURI ORANGE JUICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRUTA KOOL KIDZ ORANGE JUICE</td>
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<td></td>
<td></td>
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<tr>
<td>MOGU MOGU ORANGE JUICE</td>
<td></td>
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<tr>
<td>XL ENERGY DRINK</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>RED BULL</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>MORE PUNCH NECTAR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>BUSTA COLA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POWERADE MOUNTAIN BLAST</td>
<td></td>
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<tr>
<td>COOL BLUE GATORADE</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>RC COLA</td>
<td></td>
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</tbody>
</table>

*Note: The sugar content is calculated per serving and per 330ml serving.*
TOOLS TO CHANGE BEHAVIOUR
INDUSTRY MAPPING

• Database of regional industry actors in the food and beverage industry – ultra processed foods
• Database of industry actors producing processed foods targeting children and adolescents
• Mapping of industry interference in the policy making process
BUILDING CSO CAPACITY
We're at Risk

Childhood Obesity Prevention Call To Action

The Call to Action is now closed

Thank You for Your Support

Total Number of Signatures

21823

Following an audit of the email addresses used to register online signatures, the original total of 25,389 was revised to 21,823

Click here to view your country's contribution

1 in 3 Caribbean Children is OVERWEIGHT or OBESE

Childhood obesity is linked to complications in childhood such as diabetes and hypertension and it tracks into adulthood increasing the risk of developing NCDs (diabetes, cancers, and heart disease).
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

COALITION BUILDING
FOSTERING NATIONAL OBESITY COALITIONS AND STRENGTHENING NATIONAL NCD COMMISSIONS

• Belize NCD COPA – Childhood Obesity Prevention Coalition
• Bahamas HALT – Healthy Lifestyles Action Team
• Barbados CSO Obesity Coalition
• HCC NNCDC Portal and Chairs Network
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

ACCOUNTABILITY
MY HEALTHY CARIBBEAN SCHOOLS

How does your school stack up?

Rate your School

Rate my School

How are you associated with the school?

Rate my School

Does your school have a policy which prohibits the sale and marketing of junk foods and beverages at your school?
CHILDHOOD OBESITY PREVENTION SCORECARD

Ongoing Updates

Called for by Ministers of Health at WHA 2017
MANAGING CONFLICT OF INTEREST IN THE CARIBBEAN

• Increasing CSO capacity to identify COI and effectively manage and mitigate its impact
• Development of HCC Guide for managing COI in the Caribbean
• Working with PAHO to pilot the WHO Scoping Tool for managing conflict of interest within the context of nutrition policy
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

HIGH-LEVEL ADVOCACY
As Small Island Developing States (SIDS), we are already vulnerable to the effects of climate change and Mother Nature. In some part, Maria was unpreventable. However, to add NCDs and childhood obesity, which are, for the most part, preventable, to the challenges that we, SIDS, already face, is irresponsible.

- Her Excellency Reema Carmona, First Lady of The Republic Of Trinidad And Tobago, 72nd UNGA, CARICOM Side Event on Childhood Obesity
Heads of Government commended the contribution of civil society organisations to regional efforts to counter NCDs and endorsed implementing policies geared to preventing childhood obesity, including for health-promoting school environments and Front of Package (FOP) labelling;...
HIGH LEVEL ADVOCACY - PUSHING THE OBESITY AGENDA AT THE HLM3
PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

CURRENT FOCUS
CURRENT WORK

• Continued national and regional Advocacy for:
  – Healthy school policies
    • working with multistakeholder partners including FAO
  – SSB taxation
  – Front of Package Nutrition Warning Labels
    • working with PAHO/CARICOM/CROSQ – learning from Chile
• Hosting major regional meeting in June on accelerating policies for obesity prevention among children
• Continued collaboration with diverse partners
THANK YOU