



CIVIL SOCIETY POLICY BRIEF

PRIORITY NUTRITION POLICIES FOR HEALTHY CHILDREN IN THE CARIBBEAN

September 2019



HEALTHY CARIBBEAN COALITION

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Acronyms and abbreviations

BMI	Body mass index
CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
COP	Childhood obesity prevention
CRC	Convention on the Rights of the Child
CROSQ	Caribbean Community Regional Organisation for Standards and Quality
CSAP	Civil Society Action Plan
CSO	Civil society organisation
FAO	Food and Agriculture Organisation
FoPL	Front-of-package nutrition labelling
FoPWL	Front-of-package nutrition warning labels
HCC	Healthy Caribbean Coalition
HFJ	Heart Foundation of Jamaica
HLM	High-level meeting
HoSG	Heads of State and Government
HSFB	Heart and Stroke Foundation of Barbados
NCD	Non-communicable disease
PAHO	Pan American Health Organisation
SB	Sweet beverage
SSB	Sugar-sweetened beverage
UN	United Nations
WCRFI	World Cancer Research Foundation International
WHO	World Health Organisation

1. Introduction—the HCC approach

The mission of the Healthy Caribbean Coalition (HCC), a regional, not-for-profit umbrella organisation of civil society organisations (CSOs) working in the prevention and control of non-communicable diseases (NCDs), is to strengthen civil society's contribution to NCD reduction in the Caribbean region. In support of that mission and to address the growing prevalence of childhood obesity, HCC developed the [Civil Society Action Plan \(CSAP\) 2017-2021: Preventing Childhood Obesity in the Caribbean](#).¹

HCC's approach to childhood obesity prevention is built on two key principles: the need for policy development and implementation to achieve population-level impact, as opposed to reliance on individual- and community-level interventions,² and the importance of a rights-based approach, in keeping with the [Convention on the Rights of the Child \(CRC\)](#).³ The responsibility of governments to promote children's⁴ optimal development is one of the cornerstones of the CRC,⁵ making advocacy for, and contribution to, national policy development a critical aspect of HCC's work.

The environments in which people live, develop their eating habits, and make their food choices exert significant influence on their nutrition. Obesogenic environments, defined “the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations”⁶ are important contributors to the epidemics of obesity and diet-related NCDs. In this context, and in recognition of the multisectoral, whole-of-government, whole-of society approaches that are essential for effective childhood obesity prevention (COP), the HCC CSAP takes an integrated approach. It is aligned with international frameworks such as the World Health Organisation (WHO) 2016 [Report of the Commission on Ending Childhood Obesity](#),⁷ the Pan American Health Organisation (PAHO) [Plan of Action for the Prevention of Obesity in Children and Adolescents 2014-2019](#),⁸ and the Caribbean Public Health Agency (CARPHA) [Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019](#).⁹

The CSAP has **seven priority areas for action**: trade and fiscal policies; nutrition literacy; early childhood nutrition; marketing of healthy and unhealthy foods and beverages to children; school- and community-based interventions; resource mobilisation; and strategic planning, monitoring, and evaluation. The Action Plan also includes **seven key policy asks**: taxation of unhealthy foods; mandatory front-of-package nutrition labelling (FoPL); enacting legislation related to the [International Code of Marketing of Breast-milk Substitutes](#);¹⁰ banning the marketing of unhealthy foods and beverages to children; mandatory physical activity in schools; and monitoring policy implementation.

¹ <https://bit.ly/2hMWg7V>.

² Henry F. Obesity in the Caribbean: a case for public policies. *J Nutr Disorders Ther* 2016; 6(3). <https://bit.ly/2IG9JAF>.

³ <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>.

⁴ For the purposes of this document, “children” refers to persons less than 18 years of age, in keeping with the definition in the Convention on the Rights of the Child.

⁵ Woodhead M. Early childhood development: a question of rights. *International Journal of Early Childhood* 2005; 37:79. <https://bit.ly/2IN58MI>.

⁶ Swinburn B, Egger G. Preventive strategies against weight gain and obesity. *Obes Rev* 2002; 3(4): 289-301. <https://bit.ly/2kp77Gx>.

⁷ <https://bit.ly/2iRpun8>.

⁸ <https://bit.ly/2IIQHru>.

⁹ <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>.

¹⁰ https://www.who.int/nutrition/publications/code_english.pdf.

As at August 2019, the HCC [Childhood Obesity Prevention Scorecard](#) (COPS),¹¹ an easy-to-use tool based on the CSAP for monitoring the regional COP policy environment, showed that many recommended interventions remain unimplemented in Caribbean countries. The HCC regional meeting “Accelerating Nutritional Policies in the Caribbean: Creating Supportive Environments for Healthy Children”, scheduled for 17-18 September 2019 in Barbados, aims to build regional capacity and momentum for the implementation of three selected obesity prevention policies:

1. Banning or restriction of the sale and marketing of sweet beverages (SBs) in schools;
2. Mandatory front-of-package nutrition warning labels (FoPWL); and
3. Taxation of SBs.

HCC selected these three policy areas based on priorities identified by the Heads of State and Government (HoSG) of the Caribbean Community (CARICOM); their alignment with global priorities and evidence; supporting activities already implemented, or underway, by key national, regional, and international organisations and agencies; and capacity and resource limitations in both the HCC and national and regional structures. Food and beverage labelling, in particular, facilitates nutrition policy and legislation, as it allows easy identification of products which should be taxed, banned in schools, and subject to restrictions or bans on marketing to children. Thus, FoPWL supports a broad spectrum of nutrition policies by defining unhealthy, versus healthy, products. The focus on restrictions on the availability of SBs in schools constitutes a first step in advocacy for policy development to ban unhealthy foods and beverages in schools, and to encourage other elements of health-promoting schools. This is a feasible approach in the absence of nutrition warning labels informed by a nutrient profile that clearly defines foods that should be restricted in school settings.

Further, a favourable environment for these policies has been created by evidence of the critical role of healthy diet in reducing obesity and nutrition-related NCDs; the potential for fiscal measures to not only improve health outcomes, but also generate revenue that can be used, in whole or part, to contribute to health financing; and increased political and public awareness of the issues.

Civil society has much to contribute to policy development and implementation for healthy nutrition, through advocacy, communication, community mobilisation, and capacity-building, among other functions. The private sector—the food and beverage industry—has a significant role to play in nutrition policy implementation, but it is important to be aware of conflict of interest issues that will almost certainly arise if the private sector is involved in policy development, and take action to curtail the participation of this sector in policy development processes.

Another important issue is the definition of “sweet beverages”. WHO defines sugary drinks as all types of beverages containing free sugars,¹² including carbonated or non-carbonated soft drinks, fruit/vegetable juices and drinks, liquid and powder concentrates, flavoured water, energy and sports drinks, ready-to-drink tea, ready-to-drink coffee, and flavoured milk drinks.¹³ However, there is increasing concern that the use of artificial sweeteners may have adverse health outcomes, including weight gain and the development of

¹¹ <https://www.healthycaribbean.org/wp-content/uploads/2019/08/COPS-Grid-August-2019-WEB.pdf>.

¹² Free sugars refer to monosaccharides (such as glucose and fructose) and disaccharides (such as sucrose or table sugar) added to foods and drinks by the manufacturer, cook, or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

¹³ WHO. Taxes on sugary drinks: why do it? Geneva: WHO; 2017. <https://bit.ly/2jUPU7y>.

metabolic syndrome and type 2 diabetes.^{14,15} This emerging evidence has informed HCC's use of "sweet beverages", in preference to "sugar-sweetened beverages" or "sugary drinks" where appropriate in this policy brief, to include beverages with added sugar, those naturally high in sugar (such as 100% fruit juices), and those with no- or low-calorie sweeteners.

With the participation of national, regional, and international stakeholders and experts, the HCC regional meeting to accelerate nutrition policies in the Caribbean will present evidence, share experiences and best practices, and recommend strategies for strengthening the development and implementation of nutritional policies for COP in the region. It will build on HCC's substantive and ongoing initiatives for COP,¹⁶ including the production of [Childhood Obesity Fact Sheets](#)¹⁷ for Caribbean countries; infographics on "[Sugar in the Caribbean](#)", which include the sugar content of various SSBs;¹⁸ [My Healthy Caribbean School](#),¹⁹ which monitors interventions for healthy nutrition and physical activity in schools; the [Call to Action](#),²⁰ an advocacy campaign implemented in 2018 encouraging policy makers to enact legislation and policies for COP; and the regional [Beyond the Call to Action Event: Towards School Policies in Support of Childhood Obesity Prevention](#)²¹, held in November 2018 to celebrate and exploit the successes of the Call to Action.

This policy brief provides an overview of the situation related to the three priority areas; identifies key policy elements; outlines global and regional responses; summarises the current status of national responses; suggests policy implementation mechanisms; and presents a framework for assessing policy implementation.

2. General considerations, and global and regional responses

2.1 General considerations

Unhealthy diets pose a greater risk to morbidity and mortality than do unsafe sex, and alcohol, drug, and tobacco use combined.²² Malnutrition in all its forms, including obesity and undernutrition, is the leading cause of poor health globally, and is compounded by the health effects of climate change. The three pandemics—obesity, undernutrition, and climate change—represent The Global Syndemic, which affects most people in every country and region worldwide, and demands comprehensive actions to address obesity.²³

The United Nations (UN) [2030 Agenda for Sustainable Development](#)²⁴ and its 17 Sustainable Development Goals (SDGs) include [SDG 3](#), the goal most directly related to health, and [Target 3.4](#), which aims to reduce premature mortality from NCDs by one-third. Obesity predisposes to cardiovascular disease, diabetes, and

¹⁴ Strawbridge H. Artificial sweeteners: sugar-free, but at what cost? *Harvard Health Blog*, July 2012, updated January 2018. <https://bit.ly/2x2VMk1>.

¹⁵ Nettleton JA, Lutsey PL, Wang Y, et al. Diet soda intake and risk of incident metabolic syndrome and type 2 diabetes in the Multi-ethnic Study of Atherosclerosis (MESA). *Diabetes Care* 2009; 32(4): 688-694. <https://bit.ly/2ksYmv8>.

¹⁶ See the HCC COP Portal at <https://www.healthycaribbean.org/childhood-obesity-prevention/>.

¹⁷ <https://www.healthycaribbean.org/obesity-fact-sheets/>.

¹⁸ <http://www.healthycaribbean.org/sugar-caribbean-infographics/>.

¹⁹ <https://www.healthycaribbean.org/cop/my-healthy-school.php>.

²⁰ <https://www.toomuchjunk.org/>.

²¹ <https://www.healthycaribbean.org/beyond-the-call-to-action-event/>.

²² Willett W, Rockstrom J, Loken B, et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. *Lancet* 2019; 393: 447-497. <https://bit.ly/2T0jUv5>.

²³ Swinburn BA, Kraak VI, Allender S, et al. The Global Syndemic of obesity, undernutrition, and climate change: The Lancet Commission report. *Lancet* 2019; 393: 791-846. <https://bit.ly/2LrgNLY>.

²⁴ https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.

certain types of cancer—three of the four major NCDs addressed in the [World Health Organisation \(WHO\) Global Action Plan for the Prevention and Control of NCDs 2013-2020](#)²⁵—and obese children and adolescents are five times more likely to be obese in adulthood than those who were not obese.²⁶

In 2017, an estimated 11 million deaths worldwide were attributable to dietary risk factors, an increase from the 8 million such deaths estimated for 1990.²⁷ The wide range of dietary behaviours and influences, the latter including the social, economic, commercial, and other determinants of health, requires multisectoral stakeholder collaboration and policy development to improve the food system and address inequities in the availability of, and accessibility to, nutritious, safe food. Foods and beverages of higher energy density and lower nutrient quality are often more affordable than their healthier equivalents, and food categories with lower energy density and higher nutrient quality become less affordable over time for most income groups, with low-income groups facing the highest burden.²⁸

A 2013 systematic review provided evidence that consumption of sugar-sweetened beverages (SSBs) promotes weight gain in children and adults,²⁹ and a 2018 South African study confirmed the association.³⁰ The latter study also demonstrated high SSB consumption among vulnerable groups, including low-income households, with higher consumption among those lacking reliable access to nutritious food. An analysis of SSB intake among children in the United States of America (USA) noted that despite considerable declines, children's SSB intake remained high, particularly among heavy consumers, with differences in the amounts and types consumed linked to household income and racial/ethnic differences.³¹ Some of these differences are driven by industry marketing and advertising that target children; specific trends from 2013 to 2017 in the USA include a 4% decline in targeted advertising toward Hispanic youth, and a 50% increase in targeted advertising toward Black youth.³²

²⁵ <https://bit.ly/2IzA4zM>.

²⁶ Simmonds M, Llewellyn A, Owen CG, Woolacott N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. *Obes Rev* 2016; 17(2): 95-107. <https://bit.ly/2dbXyAX>.

²⁷ Afshin A, Sur PJ, Kairiste FA, et al (GBD 2017 Diet Collaborators) Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2019; 393:1958-72. [https://www.thelancet.com/article/S0140-6736\(19\)30041-8/fulltext](https://www.thelancet.com/article/S0140-6736(19)30041-8/fulltext).

²⁸ Colchero AM, Guerrero-López CM, Molina M, Unar-Munguía M. Affordability of food and beverages in Mexico between 1994 and 2016. *Nutrients* 2019; 11(1): 78. <https://bit.ly/2IVNpTe>.

²⁹ Malik VS, Pan A, Willett WC, Hu FB. Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr* 2013; 98(4): 1084-1102. <https://bit.ly/2h0pD3P>.

³⁰ Okop KJ, Lambert EV, Alaba O, et al. Sugar-sweetened beverage intake and relative weight gain among South African adults living in resource-poor communities: longitudinal data from the STOP-SA study. *Int J Obesity* 2019; 43(3): 603-14. <https://www.ncbi.nlm.nih.gov/pubmed/30283079>.

³¹ Mendez MA, Miles DR, Poti JM, et al. Persistent disparities over time in the distribution of sugar-sweetened beverage intake among children in the United States. *Am J Clin Nutr* 2019; 109(1):79-89. <https://bit.ly/2IWGyZN>.

³² UConn Rudd Centre for Food Policy and Obesity, Council on Black Health, and Salud America. Rudd Report: Increasing disparities in unhealthy food advertising to Hispanic and black youth. University of Connecticut; Rudd Centre: 2019. <https://bit.ly/2FlcHTe>.

A study published in September 2019 found that greater consumption of total, sugar-sweetened, and artificially sweetened soft drinks was associated with higher risk of all-cause mortality, and the consumption of artificially sweetened soft drinks was positively associated with deaths from circulatory diseases, providing further support for public health efforts to limit the consumption of soft drinks.³³ Closer to home, sugary drinks are the primary source of sugar in the diets of Caribbean children and adolescents, and, on average, one serving of these sugary drinks exceeds the daily maximum healthy sugar intake for children.³⁴

In the Caribbean, one in three children is either overweight or obese. The region is experiencing a childhood obesity epidemic, with prevalence rates of overweight and obesity between 28% and 35%, and trend data that show escalation.³⁵ A 2003 study in Jamaica tracked children at 7-8 years of age and again at 11-12 years of age, and showed increases in obesity from 3.5% to 9.5%;³⁶ in Trinidad and Tobago, childhood obesity prevalence rates were 5% and 26% in, respectively, 2001 and 2010, with risk factors for cardiovascular diseases and diabetes starting to emerge;³⁷ and in seven Eastern Caribbean countries, between 2000 and 2010, the rates of overweight and obesity in children aged 0-4 years increased from 7.4% to 14.8%.³⁸

2.2 Global responses

There are ongoing efforts at global level to stem the increase in childhood obesity, including the development of guiding policies, frameworks, and plans of action. These include, but are not limited to:

- [Set of recommendations on the marketing of foods and non-alcoholic beverages to children](#). Geneva: WHO; 2010.³⁹
- The Political Declarations/Outcome Documents of the UN General Assembly High-level Meetings (HLMs) on NCD Prevention and Control held in [2011](#),⁴⁰ [2014](#),⁴¹ and [2018](#).⁴² All the HLMs expressed concern at the rising levels of obesity, particularly among children and youth, and the need for relevant interventions.
- [Population-based approaches to childhood obesity prevention](#). Geneva: WHO; 2012.⁴³
- [Prioritising areas for action in the field of population-based prevention of childhood obesity: a set of tools for member states to determine and identify priority areas for action](#). Geneva: WHO; 2012.⁴⁴
- [Report of the Commission on Ending Childhood Obesity](#). Geneva: WHO; 2016.⁴⁵

³³ Mullee A, Romaguera D, Pearson-Stuttard J, et al. Association between mortality and soft drink consumption in 10 European countries. *JAMA Intern Med* 2019. Published online 3 September 2019. <https://bit.ly/2k6Dh9l>.

³⁴ HCC. Sugar in the Caribbean – infographic. <https://bit.ly/2k9YfVb>.

³⁵ CARPHA. Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019. Port of Spain: CARPHA; 2014. <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>.

³⁶ Gaskin PS and Walker SP. Obesity in a cohort of black Jamaican children as estimated by BMI and other indices of adiposity. *European Journal of Clinical Nutrition* 2003; 57(3): 420-426. <https://www.nature.com/articles/1601564>.

³⁷ Batson Y, Teelucksingh S, Maharaj RG, and Cockburn BN. A cross-sectional study to determine the prevalence of obesity and other risk factors for type 2 diabetes among school children in Trinidad. *Paediatr Int Child Health* 2014; 34(3): 178-183. <https://www.ncbi.nlm.nih.gov/pubmed/24621246>.

³⁸ Caribbean Food and Nutrition Institute (CFNI). Report on the anthropometry of children 0-4 years old in the Caribbean. Kingston, Jamaica: CFNI, 2012.

³⁹ https://apps.who.int/iris/bitstream/handle/10665/44416/9789241500210_eng.pdf?sequence=1.

⁴⁰ https://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1.

⁴¹ <https://www.who.int/nmh/events/2014/a-res-68-300.pdf>.

⁴² https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2.

⁴³ <https://bit.ly/2lwFZ8R>.

⁴⁴ <https://bit.ly/2lWPRc7>.

⁴⁵ <https://bit.ly/2jRpun8>.

- [Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases](#). Geneva: WHO; 2017.⁴⁶

2.3 Regional responses

Responses tailored to the situation in the Region of the Americas and the Caribbean region have taken place, including, but not limited to, the following:

- In the Region of the Americas, the PAHO [Plan of Action for the Prevention of Obesity in Children and Adolescents 2014-2019](#)⁴⁷ provides a framework for policy development and relevant interventions.
- At CARICOM level, the current regional health framework, the [Caribbean Cooperation in Health, Phase IV 2016-2025](#),⁴⁸ includes a strategic outcome “Health and well-being of Caribbean people throughout the life course”, and in the [Communique from the 37th Regular Meeting of the Conference of Heads of State at Government of CARICOM in 2016](#)⁴⁹ the HoSG pledged to address various health-related issues, including banning advertisement of potentially harmful foods which specifically target children, and elevating taxes on foods high in sugar, salt, and trans-fats. The [Communique from the 39th Regular Meeting of the Conference of Heads of State and Government of CARICOM](#) in 2018 endorsed six priorities for which the Caribbean should advocate at the Third UN High-level Meeting on the Prevention and Control of NCDs in September 2018, one of which was “implementing policies geared to preventing childhood obesity, including for health-promoting school environments and front-of-package labelling”.⁵⁰
- The CARPHA Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019 indicates actions targeting CARPHA Member States, and the CARPHA 6-point policy package for healthy food environments outlines the rationale, evidence base, and sectoral considerations for the development and implementation of various policy options. The policy options, which have been endorsed by the CARICOM [Council on Trade and Economic Development](#) (COTED),⁵¹ comprise food labelling; nutrition standards and guidelines for schools and other institutions; food marketing; nutrition quality of food supply (levels of harmful ingredients); trade and fiscal policies; and food chain incentives.
- HCC provided a significant civil society perspective, with the development of the HCC CSAP for the Prevention of Childhood Obesity 2017-2021 and related COP initiatives as noted in the Introduction to this document. Information on these initiatives is available through the [HCC COP Portal](#).⁵²

3. Issues related to the priority policy areas, and national responses

3.1 Restrictions on sale/marketing of sweet beverages in schools

Evidence

The 2010 WHO Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children urges governments to adopt relevant restrictions, including foods and beverages high in free sugars, while the

⁴⁶ <https://bit.ly/2luD8NI>.

⁴⁷ <https://bit.ly/2llQHru>.

⁴⁸ <http://carpha.org/downloads/CCH-IV-Version7.pdf>.

⁴⁹ <https://today.caricom.org/2016/07/07/communique-37th-regular-meeting-of-caricom-heads-of-government/>.

⁵⁰ <https://bit.ly/2lYgxJy>.

⁵¹ <https://bit.ly/2lCv5y6>.

⁵² <https://www.healthycaribbean.org/childhood-obesity-prevention/>.

2018 [UN Children’s Programme](#) (UNICEF) publication “[A Child Rights-based Approach to Food Marketing: A Guide for Policymakers](#)”⁵³ describes the impact of such marketing on children’s rights.

Children spend a significant amount of their time at school, and this environment can be an enabler of healthy or unhealthy behaviours. The school setting provides a “captive audience” of children, who—along with their parents, guardians, and teachers—can be provided with appropriately tailored information and be encouraged and enabled to participate in evidence-based nutritional interventions for COP related to healthy diet. The UNICEF Guide for Policymakers outlines government’s duties and responsibilities to respect and protect children’s rights, and notes that “in-school promotion of unhealthy food is a particular concern because it reaches the settings where students and parents trust that action is taken in the best interests of children.”

A healthy school food environment has been shown to be significantly associated with lower rates of obesity or lower obesity trajectory in Canada, Brazil, England, and the USA,⁵⁴ and students at schools with an implemented nutrition policy had an increase in body mass index (BMI) of less than 1%, while BMI increased 3%-4% among students in schools without a nutrition policy.⁵⁵ Replacement of sugary beverages with non-caloric beverages reduced weight gain and fat accumulation in normal-weight children⁵⁶ and in overweight/obese children, though the latter re-gained weight after the intervention was stopped at the end of one year.⁵⁷

The consumption of sweet beverages in the Caribbean is an important factor in childhood obesity. The WHO [Global School-based Student Health Survey](#) (GSHS)⁵⁸, conducted in several Caribbean countries, revealed high percentages of students aged 13-15 years old who usually drank carbonated soft drinks one or more times per day during the 30 days prior to the survey, summarised in **Table 1** below.

⁵³ https://www.unicef.org/csr/files/A_Child_Rights-Based_Approach_to_Food_Marketing_Report.pdf.

⁵⁴ Gray HL, Buro AW, Ikan JB, Wang W, and Stern M. School-level factors associated with obesity: a systematic review of longitudinal studies. *Obes Rev* 2019; 20(7): 1016-32. <https://bit.ly/2IsYg70>.

⁵⁵ Ickovics JR, Duffany KO, Shebl FM, et al. Implementing school-based policies to prevent obesity: cluster randomized trial. *Am J Preventive Medicine* 2019; 56(1): e1-e11. <https://bit.ly/2lyoOng>.

⁵⁶ Ruyter JC, Olthof MR, Seidell JC, Katan MB. A trial of sugar-free or sugar-sweetened beverages and body weight in children. *N Eng J Med* 2012; 367: 1397-1406. <https://bit.ly/2m7Bq4Z>.

⁵⁷ Ebbeling CB, Feldman HA, Chomitz VR, et al. A randomised trial of sugar-sweetened beverages and adolescent body weight. *N Eng J Med* 2012; 367: 1407-1416. <https://bit.ly/2keAw6i>.

⁵⁸ <https://www.who.int/ncds/surveillance/gshs/en/>.

Table 1. Consumption of carbonated soft drinks among 13-15 year olds in selected Caribbean countries

Year of survey	Country	Percentage of students that usually drank carbonated soft drinks one or more times per day during previous 30 days		
		Total	Boys	Girls
2013	The Bahamas	69.0	67.2	70.6
2011	Barbados	73.3	74.9	71.5
2011	Belize	66.9	67.0	66.7
2010	Guyana	70.9	70.0	71.7
2017	Jamaica	69.9	73.7	66.5
2010	Jamaica	72.5	74.5	70.6
2011	St. Kitts and Nevis	61.6	63.0	59.9
2016	Suriname	79.1	79.6	78.6
2009	Suriname	80.9	81.2	80.6
2017	Trinidad and Tobago	55.2	57.3	53.3

Source: Global School-based Student Health Survey. <https://www.who.int/ncds/surveillance/gshs/en/>.

Key policy elements

Components of a blueprint for a healthy school food environment include: high standards for school meal programmes; restrictions on selling junk food and sugary drinks in schools; restrictions on marketing these products; limits on sales and marketing of unhealthy foods and drinks near schools; and increased access to healthy alternatives.⁵⁹

WHO guidelines recommend that, to prevent obesity and tooth decay, adults and children reduce their consumption of free sugars to less than 10% of their daily energy intake (equivalent to around 12 teaspoons of table sugar for adults). The guidelines suggest further reduction in the intake of sugars to below 5% of daily energy intake (around 6 teaspoons of table sugar for adults) for additional health benefits.⁶⁰ An HCC assessment of popular carbonated beverages commonly available in the region showed that average sizes contain more than the recommended daily consumption of sugar in one serving.⁶¹

Current status of national responses

The Bahamas and Bermuda were among the first countries and territories in the Caribbean region to seek to ban sweet beverages in schools over a decade ago, with limited success. In 2017 and 2019, respectively, Trinidad and Tobago and Jamaica implemented restrictions on the sale of SSBs in and around schools. The restrictions in Jamaica included beverages that contain added sugar, not 100% juice or unsweetened milk,⁶² while in Trinidad and Tobago the restrictions apply to soft drinks, juice drinks, flavoured water, sports/energy drinks, and tea, coffee, and milk-based drinks with added sugars and/or artificial sweeteners.⁶³

⁵⁹ The Global Food Research Programme, University of North Carolina at Chapel Hill. Fighting childhood obesity with healthy school food environments. *Fact Sheet*, September 2018. <https://unc.live/2krsKpJ>.

⁶⁰ WHO. Guideline: Sugars intake for adults and children. Geneva: WHO; 2015. <https://bit.ly/2lUMnqt>.

⁶¹ <http://www.healthycaribbean.org/wp-content/uploads/2016/10/international-drinks-digital.pdf>.

⁶² <http://jamaica-gleaner.com/article/lead-stories/20180606/sugary-drink-ban-new-policy-be-implemented-schools-january-2019>.

⁶³ <https://newsday.co.tt/2017/08/28/no-sweet-drinks-in-schools/>.

Almost all countries and territories in the Caribbean have developed policies, plans, programmes, or interventions that impact the school food environment, including those that:

- are specific to childhood obesity, as with the [Barbados Childhood Obesity Prevention Programme \(BCHOPP\) National Plan of Action for Childhood Obesity Prevention and Control 2015-2018](#),⁶⁴ or
- address relevant issues, including food and nutrition security, as in the [Jamaica National Food and Nutrition Security Policy](#) (2013);⁶⁵ school health and nutrition, as in the [Bermuda Healthy Schools Nutrition Policy](#),⁶⁶ school feeding programmes; infant and young child feeding; adolescent health; and health promotion; or
- are related to overall NCD prevention and control.

Many Caribbean countries have developed and/or updated food-based dietary guidelines, including [Antigua and Barbuda](#) (2013),⁶⁷ [The Bahamas](#) (2002),⁶⁸ [Barbados](#) (2017),⁶⁹ [Belize](#) (2012),⁷⁰ [Dominica](#) (2007),⁷¹ [Grenada](#) (2006),⁷² [Guyana](#) (2004),⁷³ [Jamaica](#) (2015),⁷⁴ [St. Kitts and Nevis](#) (2010),⁷⁵ [St. Lucia](#) (2007),⁷⁶ and [St. Vincent and the Grenadines](#) (2006).⁷⁷ Other examples of policy or policy-related responses include, for The Bahamas: Compulsory Standards for Tuck Shops in Bahamian Schools (2011); Compulsory Standards for Healthy Lunch Meals in Bahamian Schools (2011); and Sugar Coated Kids—The Bahamas’ Childhood Obesity Struggle: The Bahamas Sugar-Sweetened Beverage Policy Brief; and for Barbados: [Guidelines for Healthy and Nutritious Foods in Schools](#) (2015).⁷⁸

As part of advocacy campaigns by the [Heart Foundation of Jamaica](#) (HFJ)⁷⁹ and the [Heart and Stroke Foundation of Barbados](#) (HSFB)⁸⁰ targeting, respectively, implementation and increase in SB taxes, there are ongoing interventions related to restrictions on SSBs in schools in those countries. The activities are supported by the [Bloomberg Foundation](#),⁸¹ [Global Health Advocacy Incubator](#) (GHA),⁸² and [Vital Strategies](#),⁸³ and seek to involve not only ministries of health and education, but also teachers, parents, guardians, and the children themselves, as well as school canteen operators and school vendors; the wider civil society; and where appropriate, the private sector.

A post-campaign public opinion survey commissioned by the HFJ in 2018⁸⁴ found that 90% of Jamaicans wanted swift government action to tackle the country’s obesity epidemic; 81% supported a tax on sugary

⁶⁴ <https://bit.ly/2m000F7>.

⁶⁵ http://www.moa.gov.jm/AboutUs/departments/Food_and_Nutrition_Security_Policy.pdf.

⁶⁶ <https://www.gov.bm/sites/default/files/nutritionpolicy2012.pdf>.

⁶⁷ <http://www.fao.org/3/a-as848e.pdf>.

⁶⁸ <http://www.fao.org/3/a-as849e.pdf>.

⁶⁹ <http://www.fao.org/3/I9680EN/i9680en.pdf>.

⁷⁰ <http://www.fao.org/3/a-as852e.pdf>.

⁷¹ <http://www.fao.org/3/a-as853e.pdf>.

⁷² <http://www.fao.org/3/a-as854e.pdf>.

⁷³ <http://www.fao.org/3/a-as856e.pdf>.

⁷⁴ <http://www.fao.org/3/a-az914e.pdf>.

⁷⁵ <http://www.fao.org/3/a-as858e.pdf>.

⁷⁶ <http://www.fao.org/3/a-as848e.pdf>.

⁷⁷ <http://www.fao.org/3/a-as861e.pdf>.

⁷⁸ http://nutritioncentre.health.gov.bb/public/uploaded_files/GNHFSAug2015.pdf.

⁷⁹ <https://www.heartfoundationja.org/>.

⁸⁰ <https://www.hsfbarbados.org/>.

⁸¹ <https://www.bloomberg.org/>.

⁸² <https://advocacyincubator.org/>.

⁸³ <https://www.vitalstrategies.org/>.

⁸⁴ HFJ. Press release 10 September 2018. <https://bit.ly/2lCoMdW>.

drinks, if some of the revenues were invested in obesity reduction programmes; 87% agreed that sugary drinks were a major contributor to obesity; and 78% were concerned about the impact of these drinks on the health of their children. More than half of parents (54%) said that their children consumed most of their sugary drinks at school, and more than three-quarters agreed that unhealthy foods and drinks should not be sold in schools.

Also in 2018, as part of its advocacy for increase in the SSB tax in Barbados to at least 20% from the current level of 10%, the HSFB commissioned a [public opinion poll on COP in Barbados](#), which showed that 88% of the public was very concerned about childhood obesity; 97% felt that it was important for children to have access to healthy food and drinks at school; 62% felt that the current food environment in schools was not healthy; and 72% favoured restricting the sale and marketing/advertising of unhealthy foods and beverages in schools. There was also strong support for FoPL.⁸⁵

Several other countries in the Region of the Americas have imposed restrictions on the availability of SSBs in schools as part of their efforts to reduce sugar consumption and improve diet and nutrition in children, including Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Peru, and Uruguay. However, the policies are not mandatory in all countries, do not cover all schools, and do not cover all types of sweet beverages.⁸⁶

Perhaps the most recognised model of policy development for COP in the Region of the Americas is in Chile, where, in 2012, the government approved the Law of Food Labelling and Advertising, which came into force in 2016. The legislation provides a wide range of regulations addressing marketing to children, food labelling, and sale of unhealthy foods in children's settings, and despite the expected industry pushback, assessment of the effects of the law have been overwhelmingly positive,⁸⁷ despite the expected industry pushback. The Chilean model, which uses the 'high in' labelling format (*see below*) is being promoted for adoption or adaptation by other countries in the region.

In 2017, Peru published a Warning Manual for food labelling that established specifications for the inclusion of FoPL for food products that exceed the limits for salt, sugar, saturated fat, and trans fats established in the *Law on the Promotion of a Healthy Diet for Children and Adolescents*.⁸⁸ The manual uses guidance from PAHO, and the labelling format is very similar to the 'high in' format used by Chile.

3.2 Front-of-package nutrition warning labels

Evidence

Since WHO first proposed nutrition labelling in 2004 as a policy measure to improve diet and health,⁸⁹ a variety of FoPL systems have been implemented worldwide, with the goals of communicating complex information to consumers in an easily understood format to shape their decisions and choices, and stimulating industry

⁸⁵ <https://bit.ly/2krBTyo>.

⁸⁶ Bergallo P, Castgnari V, Fernandez A, Mejia R. Regulatory initiatives to reduce sugar-sweetened beverages (SSBs) in Latin America. *PLoS One* 2018; 13(10): e0205694. <https://bit.ly/2lVoEq7>.

⁸⁷ Correa T, Fierro C, Reyes M, et al. Responses to Chilean law of food labelling and advertising: exploring knowledge, perceptions and behaviours of mothers of young children. *Int J Behav Nutr Phys Act* 2019; 16:21. <https://bit.ly/2md6CzZ>.

⁸⁸ <https://bit.ly/2lrJwoX>.

⁸⁹ WHO. Global Strategy on Diet, Physical Activity and Health. Geneva: WHO; 2004. https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf.

product reformulation.⁹⁰ Effective FoPL enables consumers to be aware of and understand the content of packaged foods and beverages, weigh options, and make decisions supportive of their health. Food labelling not only influences consumer diet behaviours, reducing intake of total energy and fat, and increasing intake of vegetables, but also influences industry practices, encouraging the reformulation of products to reduce sodium and artificial trans-fat content.⁹¹

In a Canadian study, participants who viewed FoPL purchased less sugar, saturated fat, and calories from beverages, and less sodium and calories from foods, compared to participants who did not view the labels.⁹² The study results emphasised the importance of applying taxes to 100% fruit juice in order to maximize policy impact, and suggested that nutrient-specific FoPL ‘high in’ labels may be more effective than other common labelling systems in reducing the consumption of targeted nutrients.

The FoPL schemes vary in presentation, type of nutrition message, and nutrient focus. The most common “critical nutrients” are sodium, fats (saturated, trans) and total sugars, and the presentation format for the information ranges from health logos and traffic lights, to summary indicator labelling and warning labels denoting food high in certain critical nutrients.⁹³ It has been suggested that warning labels, exemplified by the [Chilean black-and-white stop sign warning label](#),⁹⁴ have the greatest potential to promote healthy diets compared with the [Keyhole symbol](#),⁹⁵ [multiple traffic light label](#),⁹⁶ [Health Star Ratings system](#),⁹⁷ and the [5-Colour Nutrition label](#).⁹⁸ The ‘high-in’ warning labels are consistent in the information they communicate; discourage the purchase and consumption of non-essential foods that characterise unhealthy diets; are more likely to reinforce other regulatory measures and encourage reformulation; and are less likely to be used as a marketing tool by the food industry.⁹⁹

A study in Brazil found that over half of the participants supported FoPL and found the warning labels useful in making informed purchasing decisions, with both female and male parents believing that FoPL would result in reduced consumption of products with warning labels.¹⁰⁰ In Uruguay, a study showed that the impact of FoPWL on children’s choices was greater for the ‘high in’ warning system than for the traffic light system.¹⁰¹

A critical issue in effective FoPWL is the decision on what commodities should be categorised as “unhealthy” and be subject to relevant labelling. The [Pan American Health Organisation \(PAHO\) Nutrient Profile Model](#)

⁹⁰ Kanter R, Vanderlee L, Vandevijere S. Front-of-package nutrition labelling policy: global progress and future directions. *Public Health Nutrition* 2018; (21(8):1399-1408. <https://bit.ly/2jV4N9U>.

⁹¹ Shangguan S, Afshin A, Shulkin M, et al. A meta-analysis of food labeling effects on consumer diet behaviours and industry practices. *Am J Preventive Medicine* 2019; 56(2): 300-14.

⁹² Acton RB, Jones AC, Kirkpatrick SI, et al. Taxes and front-of-package labels improve the healthiness of beverage and snack purchases: a randomized experimental marketplace. *Int J Behav Nutr Phys Act* 2019; 16(1): 46.

⁹³ Kanter R, Vanderlee L, Vandevijere S. Front-of-package nutrition labelling policy: global progress and future directions. *Public Health Nutrition* 2018; (21(8):1399-1408. <https://bit.ly/2jV4N9U>.

⁹⁴ <https://www.bloomberg.org/blog/world-will-learn-chiles-bold-policy-curb-obesity/>.

⁹⁵ <https://bit.ly/2Zs5SFB>.

⁹⁶ <https://www.nutrition.org.uk/healthyliving/helpingyoueatwell/324-labels.html?start=3>.

⁹⁷ <http://www.healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/content/home>.

⁹⁸ <https://bit.ly/2kuAh73>.

⁹⁹ Khandpur N, Swinburn B, Monteiro CA. Nutrient-based warning labels may help in the pursuit of healthy diets. *Obesity* 2018; 26(11): 1670-1671. <https://www.ncbi.nlm.nih.gov/pubmed/30358147>.

¹⁰⁰ De Moraes Sato P, Mais LA, Khandpur N, et al. Consumers’ opinions on warning labels on food packages: A qualitative study in Brazil. *PLOS One* 2019; 14(6): e0218813. <https://bit.ly/2lYAKz3>.

¹⁰¹ Arrúa A, Curutchet MR, Rey N, et al. Impact of front-of-pack nutrition information and label design on children’s choice of two snack foods: comparison of warnings and the traffic light system. *Appetite* 2017; 116:139-146. <https://bit.ly/2k2CNkO>.

(NPM) (2016),¹⁰² is a tool to classify processed and ultra-processed food and drink products that are in excess of critical nutrients such as sugars, salt, total fat, saturated fat, and trans fats. The use of such a model provides a basis for defining healthy versus unhealthy food and beverages, and is intended to inform the design and implementation of strategies related to the prevention and control of obesity/overweight, including restriction in the marketing of unhealthy food and beverages to children; regulation of school food environments (feeding programs and food and beverages sold in schools); use of FoPL warnings; definition of taxation policies to limit consumption of unhealthy food and beverages; and identification of foods to be provided by social programs to vulnerable groups.¹⁰³

Key policy elements

Key elements in the development and implementation of robust FoPL that can withstand opposition, such as challenges related to domestic, international trade, and investment law, include: understanding the local context; using evidence as a foundation; setting clear policy objectives; carefully designing the label; determining how best to engage with stakeholders, especially consumers; and including monitoring and evaluation early in the planning stage.¹⁰⁴ Important factors in implementing FoPL include the legislative context and framework, a credible nutrient profile model, and an easily understood and effective label.¹⁰⁵

FoPL that provides nutrition information for one or more nutrients as guidance rather than specific facts, and shows judgement or recommendation (*interpretive FoPL*), can help to create healthier food environments, because the labels are more easily understood by consumers at all levels of literacy, and also indirectly motivate companies to put healthier products on the market.¹⁰⁶ Examples of interpretive FoPL include traffic light, warning, and 'high in' labels. Non-interpretive FoPL shows information only, with no specific judgement or recommendation, and as is not as effective as interpretive FoPL.¹⁰⁷

WHO has continued to identify effective nutrition labelling, including simple-to-use FoPL, as one of the strategies that countries should use to address the growing global concern of unhealthy dietary patterns, and has stated that governments, including those responsible for food regulations and national health authorities, are responsible for the development, implementation, monitoring, and evaluation of the FoPL system and its underpinning nutrient profiling criteria.¹⁰⁸

Current status of national responses

As Caribbean countries move to address recommendations and agreements regarding FoPL as an important strategy for achieving a healthier food environment, the [CARICOM Regional Organisation for Standards and Quality](#)¹⁰⁹ (CROSQ) is revising the 2010 CARICOM Regional Standard for Specification for labelling of pre-packaged foods (CRS 5:2010), as well as a separate standard for nutritional labelling.

¹⁰² <https://bit.ly/2rMtwMD>.

¹⁰³ Ibid.

¹⁰⁴ WCRFI. Building momentum: lessons on implementing a robust front-of-pack food label. WCRFI: 2019. <https://bit.ly/2Seipfx>.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ WHO. Guiding principles and framework manual for front-of-pack labelling for promoting healthy diet (pre-formatted final draft). Geneva: WHO; May 2019. <https://bit.ly/2E6IZiA>.

¹⁰⁹ <https://crosq.org/>

The CROSQ-proposed standard is based on WHO/Food and Agricultural Organisation (FAO) recommendations, and contains guidance for FoPWL based on the ‘high in’ model, with further refinements by CROSQ. Ministries of Health and National Bureaux of Standards in most Caribbean countries are holding stakeholder consultations for the revision of the standard, which graphically indicates if a product contains high levels of sugar, sodium (salt) or fats. A [CARICOM-Chile project on COP](#), brokered by PAHO, is supporting advances in this area.¹¹⁰

3.3 Taxation of sweet beverages

Evidence

Prices influence consumption choices, and public policies can influence prices through taxation, subsidies, or direct pricing in ways that encourage healthy eating.¹¹¹ Among the WHO Best Buys and Other Recommended Interventions for NCD Prevention and Control,¹¹² one of the effective interventions to reduce unhealthy diet is to “reduce sugar consumption through effective taxation on sugar-sweetened beverages”, with a recommended level of taxation of at least 20%.¹¹³ Further benefits of the tax include health care savings, use of revenues raised to strengthen health promotion, and greater health gains for low-income consumers and youth, contributing to reduction of health inequities.¹¹⁴ Other WHO-recommended interventions include “replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies” and “implement nutrition labelling to reduce total energy intake” (kcal), sugars, sodium, and fats”.¹¹⁵

¹¹⁰ <https://bit.ly/2IEC7mk>.

¹¹¹ WHO. Global Strategy on diet, physical activity and health. Geneva: WHO; 2004.

https://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf.

¹¹² WHO. Tackling NCDs: Best buys and other recommended interventions for the prevention and control of NCDs. Geneva: WHO; 2017. <https://bit.ly/2luD8NI>.

¹¹³ WCRFI. Building momentum: lessons on implementing a robust sugar-sweetened beverage tax. WCRFI; 2018. <https://bit.ly/2kt2ZFx>.

¹¹⁴ WHO. Taxes on sugary drinks: why do it? Geneva: WHO; 2017. <https://bit.ly/2jUPU7y>.

¹¹⁵ WHO. Tackling NCDs: Best buys and other recommended interventions for the prevention and control of NCDs. Geneva: WHO; 2017. <https://bit.ly/2luD8NI>.

Excise taxes in particular are powerful tools for reducing SSB consumption, given their impact on relative prices, and the ability to apply them at much higher rates than broader-based taxes.¹¹⁶ Demand for SSBs is sensitive to prices, and governments that have raised or introduced taxes on these products have seen reductions in consumption. However, a few studies concluded that the price increases led to some substitution of untaxed products, partially offsetting reductions in added-sugar and/or caloric intake from reduced consumption of higher-priced beverages.¹¹⁷ The research also indicates that SSB demand is more price responsive in lower-income than in higher-income populations, and that taxing SBs on sugar/sweetener content, rather than on volume, may promote health more effectively. However, an ingredient-based tax raises the need to verify product composition,¹¹⁸ testing which may not be readily available in some Caribbean countries.

Though it is accepted that taxation of unhealthy commodities results in decreased consumption of the taxed items, the level of taxation is critical for desired impact. Studies reviewing the modelling of SSB and other health taxes have shown that an increase of at least 20% is the most effective rate for reducing consumption of the unhealthy products. Where possible, it is advised to carry out research on how the price elasticity of demand¹¹⁹ for SSBs in the specific country or local jurisdiction to help set the value of the tax. The tax should also be adjusted in line with inflation and economic growth to ensure that it maintains the effect on purchasing behaviour.¹²⁰

A study to estimate the price elasticity of soft drinks, other SSBs, and energy-dense foods, and gauge the potential change in household consumption in response to change in prices in Chile, the world's second largest per capita consumer of caloric beverages, concluded that the type of tax on SSBs produces different outcomes.¹²¹ A specific tax (a fixed amount of money per physical unit of product) has advantages of being easier to administer, providing more stable fiscal revenue than an ad valorem tax (a percentage of the value of the product), and reducing the gap between expensive and cheap brands. It is also feasible to implement a mixed tax system, where specific and ad valorem taxes coexist—the latter taxes have the advantage of being automatically adjusted for inflation. There should be careful assessment of the health and economic impacts of taxes, and the additional fiscal revenue should be returned to consumers to reduce potential regressivity effects of the tax,¹²² including through health-promoting interventions.

Key policy elements

The tax should be imposed on all sweet beverages (not just sugar-sweetened or sugary beverages) and be at least 20%. There is favourable public opinion for the earmarking of revenue from the tax for public health programmes, as occurs in Jamaica with the tax on tobacco products, which contributes to the [National Health Fund](#),¹²³ and in St. Vincent and the Grenadines with the sugar tax (a tax on sugar, not on SBs), which supports diabetes prevention.

¹¹⁶ Chaloupka FJ, Powell LM, Warner KE. The use of excise taxes to reduce tobacco, alcohol, and sugary beverage consumption. *Annu Review Public Health* 2019; 40:187-201. <https://bit.ly/2IA3Cx0>.

¹¹⁷ Ibid.

¹¹⁸ Ibid.

¹¹⁹ The price elasticity of demand is a measure of the change in the quantity of a product demanded or purchased in relation to its price change. <https://www.investopedia.com/terms/p/priceelasticity.asp>.

¹²⁰ WCRFI. Building momentum: lessons on implementing a robust sugar-sweetened beverage tax. WCRFI; 2018. <https://bit.ly/2kt2ZFx>.

¹²¹ Guerrero-López CM, Unar-Munguía M, Colchero MA. Price elasticity of the demand for soft drinks, other sugar-sweetened beverages and energy dense food in Chile. *BM Public Health* 2017; 17: 180. <https://bit.ly/2lYFhRZ>.

¹²² Tax regressivity implies a situation where a proportionally greater amount is taken from those with lower incomes.

¹²³ <https://www.nhf.org.jm/>.

Other considerations include the type of tax (excise, ad valorem, or ingredient-based) and decisions will rely heavily on local/regional capacity, including laboratory services, to validate the ingredients and observation of prescribed limits.

Current status of national responses

Barbados and Dominica introduced a 10% tax on SSBs in 2015;¹²⁴ St. Vincent and the Grenadines introduced a 10% value-added tax (VAT) on sugar in 2016 and announced an increase to 20% in the budget presentation in February 2019;¹²⁵ and Bermuda introduced a 50% “sugar tax” in 2018, which was implemented in April 2019, with plans to increase it to 75%.¹²⁶ Though several other Caribbean countries are actively discussing and considering the imposition of SB taxation, and have expressed the intent to follow through, none has, at the time of writing, taken concrete steps to do so.

In Barbados, the implementation of a 10% ad valorem (value-based) tax on SSBs was associated with a 4.3% decrease in SSB sales, while sales of non-SSBs increased by 5.2%; sales of bottled water in particular increased by an average of 7.5%.¹²⁷ In Mexico, purchases of taxed SSBs by consumers of high amounts of SSBs and low amounts of healthier beverages fell by 7% in the first year after the introduction of the tax, and 16% in the second year, while consumption of untaxed beverages such as water increased by 11% among high consumers of SSBs.¹²⁸ This finding is important, since high SSB consumers are at greater risk of developing diet-related NCDs. Three years after the implementation of an SSB tax in Berkeley, California, SSB consumption decreased 0.55 times per day, and water consumption increased 1.02 times per day; there were no significant changes in a comparison group.¹²⁹

Under the sub-heading “Use economic tools to address food affordability and purchase incentives”, the [WCRF NOURISHING database](#)¹³⁰ lists 37 countries worldwide with taxes aimed at reducing sugar consumption. Portugal, one of the countries in the database, saw a 7% reduction in SSB sales after introduction of the tax in 2017 and reformulation of products led to an 11% decrease in total energy intake through the consumption of SSBs by the Portuguese population. Recommendations to add two more taxation tiers and increase the amount levied on the tier with higher sugar content led the Parliament to vote on a new SSB taxation design for implementation in January 2019, making Portugal the first country to redesign its taxation model to maximize sugar reduction and product reformulation.¹³¹

4. Policy implementation mechanisms

¹²⁴ HCC. A closer look: the implementation of taxation on sugar-sweetened beverages by the Government of Barbados – a civil society perspective. Bridgetown, Barbados: HCC; 2016. <https://bit.ly/2av4WMJ>.

¹²⁵ <https://www.stlucianewsonline.com/st-vincent-government-announces-increase-taxes-in-2019-budget/>.

¹²⁶ <http://bernews.com/2018/10/first-phase-of-sugar-tax-to-come-into-effect/>.

¹²⁷ Alvarado M, Unwin N, Sharp SJ, et al. Assessing the Impact of the Barbados sugar-sweetened beverage tax on beverage sales: an observational study. *Int J Behav Nutr Phys Act* 2019; 16:13 <https://bit.ly/2jXAYpg>.

¹²⁸ Ng SW, Rivera JA, Popkin BM, Colchero MA. Did high sugar-sweetened beverage purchasers respond differently to the excise tax on sugar-sweetened beverages in Mexico? *Public Health Nutrition* 2018; 18:1-7. <https://bit.ly/2lUD4Xz>.

¹²⁹ Lee MM, Falbe J, Schillinger D, et al. Sugar-sweetened beverage consumption 3 years after the Berkeley, California, sugar-sweetened beverage tax. *Am J Public Health* 2019; 109(4): 637-39. <https://bit.ly/2krQFoR>.

¹³⁰ <https://www.wcrf.org/int/policy/nourishing-database>, last updated 8 May 2019.

¹³¹ Goiana-da-Silva F, Cruz-e-Silva D, Gregório MJ. The future of the sweetened beverages tax in Portugal. *Lancet* 2018; 3:e562. <https://bit.ly/2lZDCvr>.

Policy implementation should involve government, civil society, and the health-promoting private sector. Implementation mechanisms related to the three priority policy areas include:

- *Evidence-based advocacy and communication*, targeting, and developed with input from, key stakeholders. These stakeholders include not only policy makers in government, but civil society and the general public. Public support for proposed interventions boosts political will and facilitates policy development.
- *Promotion of health and nutrition literacy* to enable appreciation and understanding of the rationale for policy actions, the policies themselves, and materials developed in support of policy implementation, such as food-based dietary guidelines.
- *Rights-based framing of COP* in the context of the CRC, which speaks to the right of the child to health and healthy environments for development, and which includes Article 24 (c), obligating governments “to combat disease and malnutrition... through the provision of adequate nutritious foods and clean drinking water...”¹³²
- *Continued research and evaluation* of interventions to demonstrate return on investment in COP, particularly in the three priority policy areas, citing international research and conducting in-country studies; to identify and build on success factors, develop strategies to overcome challenges, and discover lessons to be learned; and to expand the evidence base. Academia can effectively participate in these endeavours, which enable the development of strategies for use in particular situations and settings, such as those most applicable to the small developing states that comprise most of the Caribbean.
- *Development and strengthening of mechanisms for multisectoral actions*, including among the health, education, industry, and trade sectors, to include government, civil society, and the private sector. For example, it is essential to obtain “buy-in” from the Ministries of Finance, Trade, Industry, and Commerce for SB taxation and effective FoPWL that includes products manufactured locally, regionally, and in the wider international arena. Ministries of Health and Education must collaborate closely for healthy school food environments that not only enable healthy nutrition, but also resist and restrict efforts by food and beverage companies to promote and market their unhealthy commodities in that setting. Five key lessons for nutrition and health practitioners for promoting intersectoral are: embrace “bold ideas” when working with other sectors; engage with more powerful sectors (or subsectors) and position nutrition goals as providing solutions that meet the interests of these sectors; identify a common goal—which may not be explicitly nutrition-related—as the focus of the intersectoral action; create philosophical, political, and governance spaces to bring the different sectors together; and provide and disseminate evidence of the success of the intersectoral approach to increase acceptance of the process.¹³³
- *Identification and management of conflict of interest*, conducting due diligence as needed. This is critical for good governance and transparency, and to counter industry’s attempts to thwart or undo interventions for health for its own benefit.
- *Adoption or adaptation of standards*, such as the CROSQ standard for FoPL, with related *development and implementation of enabling legislation*.
- *Mobilisation of technical and financial resources*, including sharing models implemented globally, regionally, and nationally; adopting or adapting the models as necessary; and applying revenues raised through SB and other unhealthy commodity taxation to COP and NCD prevention and control interventions.
- *Establishing and strengthening partnerships*, promoting country-to-country cooperation and collaborating closely with technical cooperation and international development agencies such as PAHO,

¹³² <https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>.

¹³³ Hawkes C, Brazil BG, Ribeiro de Castro IR, and Jaime PC. How to engage across sectors: lessons from agriculture and nutrition in the Brazilian School Feeding Programme. *Rev Saude Publica* 2016; 50:47. <https://bit.ly/2lvZoqt>.

FAO, and the [UN Children's Programme](#) (UNICEF),¹³⁴ as well as with international CSOs and philanthropic foundations.

- *Capacity strengthening at all levels*, including of governmental agencies and CSOs, to facilitate and enable inclusive policy development, implementation, monitoring, and evaluation.

5. Challenges to policy implementation

There are many challenges to the implementation of policies related to the three priority areas, including:

- *Lack of political will*, often driven by concerns about the consequences of “offending” industry players and risking loss of revenue and increased unemployment, should they decide to scale down or terminate their operations. Advocacy at the highest political levels, and with the general public, presenting evidence and successful interventions, is essential to address this challenge. Regional and global frameworks to which countries have committed are useful advocacy tools.
- *Industry interference* to influence public policies and public opinion regarding FoPL in ways favourable to the food industry has been summarised as “Delay, Divide, Deflect, Deny”.¹³⁵ This summary is also applicable to policies for restricting SBs in schools and SB taxation, and includes practices such as stressing the economic importance of the industry (for example job creation); promoting deregulation; shifting blame away from the product and framing the debate around diet and exercise; shaping the evidence base (for example, funding research and disseminating unpublished/non-peer reviewed research); and seeking involvement in the community (for example engaging with charities and schools, and organizing philanthropic activities around food security and physical activity).¹³⁶ These practices often find favour with political directorates, and it is essential for governments and other key stakeholders in the Caribbean to be aware of them, particularly as industry’s market share falls in more developed countries with stronger regulations and developing countries with weaker systems are targeted. CSOs are well-placed to develop and implement communication strategies that expose industry practices, and to undertake country-specific research to determine and expose the specific tactics being used.
- *Cross-industry collaboration and marketing*, exemplified by “Big Tobacco’s” acquisition of soft drink brands and its application of marketing strategies used to promote tobacco products, such as flavours and colours, to market SSBs to children.¹³⁷ As industries merge and collaborate in their efforts to maximise markets and profits, governments, health advocates, and public health practitioners must heighten their awareness, identification, and management of conflict of interest and the need for due diligence. Government should avoid collaboration with health-harming industries to the extent possible; where collaboration is deemed to serve the greater good, as in discussions regarding product reformulation, mechanisms to address conflict of interest and mitigate the harmful effects of industry marketing should be implemented. Advocacy for, and appeals to, corporate social responsibility may be useful with some industry entities.
- *Arguments against excise taxes* by industry players and other stakeholders, including in some government agencies, that the taxes have an adverse impact on the poor, that they have negative effects on

¹³⁴ <https://www.unicef.org/>.

¹³⁵ WCRFI. Building momentum: lessons on implementing a robust front-of-pack food label. WCRFI: 2019. <https://bit.ly/2Seipfx>.

¹³⁶ Mialon M, Mialon J. Analysis of corporate political activity strategies of the food industry: evidence from France. *Public Health Nutrition* 2018; 21(18): 3407-3421. <https://www.ncbi.nlm.nih.gov/pubmed/29998811>.

¹³⁷ Nguyen KH, Glantz SA, Palmer CN, Schmidt LA. Tobacco industry involvement in children's sugary drinks market. *British Medical Journal* 2019; 364: 1736. <https://www.bmj.com/content/364/bmj.l736.long>.

employment and government revenue, and that they will lead to avoidance and evasion.¹³⁸ SB taxes may be legally challenged on grounds that they are discriminatory, applying to certain products and not others; raise jurisdictional issues; are unconstitutional, unenforceable, and regressive; and do not consider economic realities or individual responsibility.¹³⁹ All these challenges can be refuted with evidence, including from other countries; consideration of the local context; broad-based support, including from civil society and the general public; careful and strategic design of the tax; and advance preparation of counter-arguments.¹⁴⁰

- *Limited implementation capacity, including for verification of product content* if the SB tax is ingredient-based or if there is product reformulation. Though many Caribbean countries do not have the capacity to undertake such analyses, the recent upgrading of the Bureau of Standards and Scientific Research Council laboratories in Jamaica may provide centres of reference for this service in the region.¹⁴¹ Capacity-building at national and regional levels is critical.
- *Limitations in health and nutrition literacy among key stakeholders*, including consumers, who may find it difficult to understand the evidence base for the policy priorities, even if presented in non-technical terms. Consumers, particularly those of lower socio-economic status, may find the FoPWL relatively “hidden”, small, and difficult to understand in terms of the technical level of the information displayed.¹⁴² FoPWL should use popular language, provide clear information, and use larger letters, for greater visibility; the proposed format should be tested among various groups before a final decision is made.
- *Non-mandatory regulations, standards, and guidelines* that are not enabled by legislation, making them more difficult to enforce and resulting in varying, less-than-optimal levels of implementation.

¹³⁸ Chaloupka FJ, Powell LM, Warner KE. The use of excise taxes to reduce tobacco, alcohol, and sugary beverage consumption. *Annu Review Public Health* 2019; 40:187-201. <https://bit.ly/2IA3Cx0>.

¹³⁹ WCRFI. Building momentum: lessons on implementing a robust sugar-sweetened beverage tax. WCRFI; 2018. <https://bit.ly/2kt2ZFx>.

¹⁴⁰ Ibid.

¹⁴¹ Jamaica Information Service (JIS). Labs upgraded to analyse sugar, salt and fat in food products. JIS, 28 August 2019. <https://bit.ly/2kspV7N>.

¹⁴² De Morais Sato P, Mais LA, Khandpur N, et al. Consumers’ opinions on warning labels on food packages: A qualitative study in Brazil. *PLOS One* 2019; 14(6): e0218813. <https://bit.ly/2IYAKz3>.

6. Assessment of policy implementation

The policy should include a monitoring and evaluation framework based on the policy objectives, including timelines, and should be assessed according to that framework. Areas for attention include, but are not limited to:

- *Determination and documentation of the pre-policy implementation situation* to provide a baseline for comparison as the policy is implemented.
- *Process monitoring*, including the:
 - extent to which various ministries, civil society, and the private sector participate;
 - creation of an enabling environment, with development and enforcement of legislation and regulations and complementary policies in other sectors, such as trade, education, and agriculture;
 - identification and management of conflict of interest;
 - extent to which the primary and secondary target groups, including children, parents, teachers, and consumers, are involved in, and express satisfaction with, interventions related to the policy;
 - level of resource allocation/mobilisation to support implementation, including partnerships with international development agencies, CSOs, and philanthropic foundations;
 - improvements in health and nutrition literacy in targeted groups; and
 - establishment and/or strengthening of information and information systems related to policy implementation.
- *Outcome assessment*, including the availability of SBs in schools and students' consumption patterns; imposition and levels of SB taxes; implementation of FoPWL and relation to product type; changes in product prices and consumers' purchasing patterns; and changes related to industry, including product reformulation.
- *Impact evaluation*, including changes in childhood obesity prevalence, SB tax revenue (and its use), and employment of workers in relevant companies.

Successes, challenges, and lessons learned should be identified and documented throughout the implementation of the policies. Successes should be celebrated and publicised; strategies should be developed to overcome challenges; and lessons learned should be used to adjust policy implementation as appropriate.

Civil society has a critical role to play in the assessment of policy implementation, not only by participating in the processes, but also by exercising its “watchdog” function to highlight delays in honouring commitments made by governments; identify and expose conflicts of interest; and disseminate, as appropriate, the results of the assessment process.



CIVIL SOCIETY ACTION PLAN 2017-2021

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



PRIORITY AREA
Trade and fiscal
policies

2

Mandatory
Front-of-Package
Nutrition Labelling



PRIORITY AREA
Nutrition literacy

3

Enacting legislation related to
*The International Code of Marketing
of Breast-milk Substitutes*



PRIORITY AREA
Early childhood nutrition

4

Banning the marketing of
unhealthy foods and beverages
to children



PRIORITY AREA
Marketing of healthy and unhealthy
foods and beverages to children

5

Banning the sale and marketing
of unhealthy foods and beverages
in schools

Mandatory physical activity in schools



PRIORITY AREA
School- and community-based interventions

This meeting supports HCC's Childhood Obesity Action Plan and priority areas



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