



ACCELERATING NUTRITION POLICIES IN THE CARIBBEAN

Creating Supportive Environments for Healthy Children

September 17-18, 2019 | Accra Beach Hotel & Spa | Barbados

MEETING REPORT



PARTNERS

Heart and Stroke Foundation of Barbados | Barbados National NCD Commission | Ministry of Health and Wellness | The Barbados Ministry of Education, Technological and Vocational Training | The Barbados Ministry of Foreign Affairs and Foreign Trade | Caribbean Public Health Agency | Global Health Advocacy Incubator | World Obesity Federation | CIBC First Caribbean COMTRUST | Sagikor Life Inc.



Additional resources and photos from the meeting can be found on the HCC website at

<http://bit.ly/hcc-anpc>



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October 2019

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LIST OF ACRONYMS AND ABBREVIATIONS

ATBT	Agreement on Technical Barriers to Trade	CSO	Civil society organisation
CARICOM	Caribbean Community	CSR	Corporate social responsibility
CARPHA	Caribbean Public Health Agency	FBCs	Food and beverage companies
Col	Conflict of interest	FBO	Faith-based organisation
COHSOD	Council for Health and Social Development	FNS	Food and nutrition security
COP	Childhood obesity prevention	FoPL	Front-of-package labelling
COTED	Council for Trade and Economic Development	FoPWL	Front-of-package warning labels
CRC	Convention on the Rights of the Child	GHAJ	Global Health Advocacy Incubator
CROSQ	Caribbean Regional Organisation for Standards and Quality	GSJS	Global School-based Student Health Survey
CRS	Caribbean Regional Standard	HCC	Healthy Caribbean Coalition
CSAP	Civil Society Action Plan	HFJ	Heart Foundation of Jamaica
		HFLE	Health and Family Life Education



HSFB	Heart and Stroke Foundation of Barbados	OAS	Organization of American States
HFSS	High in fats, sugar, or salt	PAHO	Pan American Health Organization
HiAP	Health in all policies	POSD	Port of Spain Declaration
HoSG	Heads of State and Government	PSE	Private sector entity
HS	Harmonised system (Harmonised Commodity and Coding System)	RTSC	Regional Technical Sub-committee
M&E	Monitoring and evaluation	SB	Sweet beverage
MHW	Ministry of Health and Wellness	SSB	Sugar-sweetened beverage
NCD	Non-communicable disease	UN	United Nations
NGO	Non-governmental organisation	UWI	University of the West Indies
NNCDC	National Non-Communicable Diseases Commission	WHO	World Health Organization
NPM	Nutrient Profile Model	WoG	Whole-of-government
		WoS	Whole-of-society
		WTO	World Trade Organization



KEY MESSAGES FROM THE MEETING

- Childhood obesity prevention (COP) is an imperative in and of itself, based on the Convention on the Rights of the Child (CRC), which all Caribbean Community (CARICOM) Member States have ratified; its impact on health; and its contribution to the prevention and control of non-communicable diseases (NCDs).
- Though the public sector, civil society, and the private sector must collaborate in the development of policies for COP, the primary responsibility lies with governments, the main duty-bearers in the rights-based approach.
- Nutrition policies, including bans on the sale and marketing of sweetened beverages in schools, taxation on sweet beverages, and front-of-package labelling, are essential for COP.
- The involvement of youth from the start of the policy development process, and in policy implementation, monitoring, and evaluation, is critical.
- Multisectoral mechanisms must be implemented to achieve whole-of-government, whole-of-society, health-in-all-policies approaches for effective nutrition policies for COP, including the provision of evidence of the impact on nutrition of actions in sectors other than health.
- Mechanisms must be developed and implemented for widespread dissemination—to policymakers and technical personnel in health and sectors other than health, civil society, the public, the private sector, and other key stakeholders—of information and decisions from high-level, international policy-related meetings that affect nutrition and COP, in order to enable multisectoral ownership and actions at national and regional levels.
- Caribbean nations must prioritise participation in high-level policy-setting meetings and identify the barriers which limit this important engagement, to ensure that their voices are heard.
- A joint regional approach to policy development, based on evidence and the Caribbean Public Health Agency (CARPHA) 6-Point Policy Package, is an important strategy for the small developing states that comprise CARICOM.

- Involvement of civil society, including Persons Living with NCDs, is essential for advocacy to high-level policymakers, the public, and the private sector, and to obtain political buy-in; hold governments and the private sector accountable; and disseminate information.
- The private sector must be involved in efforts towards COP and NCD prevention and control, but the policy development space must be protected, and conflict of interest identified and managed.
- Research from other countries on what works provides adequate evidence to drive policy actions in the Caribbean; regional and national studies may be conducted to adjust and monitor policy implementation.
- Monitoring and evaluation of policy implementation must be done, with provision of adequate resources, to enable adaptation of the policy as needed and to add to the evidence base.
- International frameworks for COP are useful to inform high-level advocacy and to build commitment and momentum for regional and national policy development.
- Capacities must be built across government and civil society to gather evidence, counter industry interference, inform and educate the public, and enable effective policy development, implementation, and assessment.
- Caribbean countries have limited resources to take on “Big Food”, but gathering the evidence, knowing the law, and enlisting the support of international development agencies such as the United Nations System, international non-governmental organisations (NGOs), and philanthropic foundations, facilitate successful outcomes for countries when Industry challenges national health-promoting policies.
- The policy development process may be a long one; focus, persistence, and patience are needed.

INTRODUCTION

This report summarises the main discussions and recommendations from a two-day Caribbean regional consultation and capacity-building workshop on nutrition policies for childhood obesity prevention, hosted by the Healthy Caribbean Coalition (HCC)¹ in September 2019. The meeting was part of HCC's ongoing contribution to COP and NCD prevention and control in the Caribbean through the [HCC Civil Society Action Plan \(CSAP\) 2017-2021: Preventing Childhood Obesity in the Caribbean](#),² and built on the HCC's Beyond the [Call to Action Event](#)³ held in November 2018, which celebrated the success of the [Call to Action](#)⁴ for COP.

The Caribbean has some of the highest adult obesity rates in the world, and an emerging crisis of overweight and obesity is facing up to one in three children in the region.⁵ Despite recognition of the urgent need for action, the existence of global and regional menus of policy recommendations, and mandates from the Heads of State and Government (HoSG) of the Caribbean Community (CARICOM),⁶ Caribbean governments have, for the most part, failed to implement population-based interventions to modify the current obesogenic environment.⁷ The HCC convened the regional forum *Accelerating Nutrition Policies in the Caribbean: Creating Supportive Environments for Healthy Children* aiming to catalyse political change and break the policy inertia that is impeding progress in COP and safeguarding the health of the region's children.

The HCC is a regional, not-for-profit, civil society network formed in 2008 in the wake of the 2007 Port of Spain Declaration (POSD)⁸ "Uniting to Stop the Epidemic of Chronic NCDs" by CARICOM HoSG,

with membership comprising over 100 Caribbean-based civil society organisations (CSOs), including NGOs, professional health and other associations, faith-based organisations (FBOs), neighbourhood organisations, cooperatives, charities, unions, social movements, and special interest groups. HCC aims to harness the civil society response to the devastating effects of NCDs, and is the only umbrella organisation in the region for CSOs working in NCD reduction. The Coalition has been widely recognised as a committed, legitimate, and reputable organisation, with key national, regional, and international partners, including not only CSOs, but also government agencies and private sector entities (PSEs).

The need for multisectoral, whole-of-government (WoG) and whole-of-society (WoS) approaches to the increasing burden of the priority NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental health and neurological conditions—and their main risk factors—tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and air pollution—has been well documented. Effective, equitable reduction in NCDs can only be achieved by addressing risk factors and underlying causes, the latter including the social, economic, environmental, commercial, and other determinants of health, in addition to providing universal health coverage and universal access to quality, comprehensive health services. These approaches will, of necessity, involve strategic partnerships with sectors other than health, civil society, and the private sector, the last-mentioned

¹ <https://www.healthycaribbean.org/>.

² <https://bit.ly/2hMWg7V>.

³ <https://www.healthycaribbean.org/beyond-the-call-to-action-event/>.

⁴ <https://www.healthycaribbean.org/childhood-obesity-call-to-action-launched/>.

⁵ Caribbean Public Health Agency (CARPHA). Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019. <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>.

⁶ <https://www.caricom.org/>.

⁷ An obesogenic environment is defined "the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations". Swinburn B, Egger G. Preventive strategies against weight gain and obesity. *Obes Rev* 2002; 3(4): 289-301. <https://bit.ly/2kp77Gx>.

⁸ <https://caricom.org/media-center/communications/statements-from-caricom-meetings/declaration-of-port-of-spain-uniting-to-stop-the-epidemic-of-chronic-ncds>.

including food and beverage companies (FBCs) as major players.

FBCs play a critical role in the formulation, production, distribution, and marketing of many products that contribute to unhealthy nutrition, such as those that are high in fats (saturated and trans), sugar, or salt (HFSS). They also have a vested interest in ensuring that nutritional policies do not undermine their capacity to operate as for-profit entities. However, because of their role in the food system, efforts to reduce unhealthy diets must include collaboration with FBCs, and the identification and management of conflict of interest (Col) becomes crucial for both government agencies and CSOs, in order to avoid inappropriate decision-making, perception of bias, and loss of reputation.

The HCC regional meeting aimed to explore these and related issues, and convening partners included the Heart and Stroke Foundation of Barbados (HSFB);⁹ Barbados National NCD Commission (NNCDC);¹¹ Barbados Ministry of Health and Wellness (MHW);¹² Barbados Ministry of Education, Technological and Vocational Training (METVT);¹³ Barbados Ministry of Foreign Affairs and Foreign Trade (MFA);¹⁴ Caribbean Public Health Agency (CARPHA);¹⁵ and World Obesity Federation (WOF).¹⁶ Funding for the meeting was provided through a grant from the Global Health

Advocacy Incubator (GHAII)¹⁷ and ongoing support for HCC from [Sagikor Life Inc.](#)¹⁸ and [CIBC/First Caribbean COMTRUST](#).¹⁹

The expected outcomes of the meeting support key Caribbean regional activities and processes for healthy nutrition, including implementation of the mandates from the CARICOM HoSG on reducing childhood obesity; the CARPHA [Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019](#);²⁰ the CARPHA 6-Point Policy Package; revision of the regional nutritional labelling standard being undertaken by the CARICOM Regional Organisation for Quality and Standards (CROSQ);²¹ the planned joint meeting of the CARICOM Council for Health and Social Development (COHSOD)²² and the Council for Trade and Economic Development (COTED);²³ and the Pan American Health Organization (PAHO) [Plan of Action for the Prevention of Obesity in Children and Adolescents 2014-2019](#).²⁴ The outcomes also contribute to international frameworks related to NCDs, including the United Nations (UN) [2030 Sustainable Development Agenda](#)²⁵ and its Sustainable Development Goals (SDGs), especially [SDG Target 3.4](#),²⁶ and enable input into related meetings, such as the [First UN High-level Meeting on Universal Health Coverage](#),²⁷ which was held on 23 September 2019.

⁹ UN General Assembly. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs. Document A/RES/73/2, October 2018. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2.

¹⁰ <https://www.hsfbarbados.org/>.

¹¹ <https://www.healthycaribbean.org/barbados-national-commission-for-cncds/>.

¹² <https://www.gov.bb/Ministries/health/>.

¹³ <https://www.gov.bb/Ministries/education/>.

¹⁴ <https://www.gov.bb/Ministries/foreign-affairs/>.

¹⁵ <http://carpha.org/>.

¹⁶ <https://www.worldobesity.org/>.

¹⁷ <https://www.tobaccofreekids.org/what-we-do/advocacy-incubator/>.

¹⁸ <https://www.sagikorlife.com/Pages/default.aspx>.

¹⁹ <https://www.cibc.com/fcib/>.

²⁰ <http://carpha.org/Portals/0/docs/HealthyWeights.pdf>.

²¹ <https://crosq.org/>.

²² <https://caricom.org/about-caricom/who-we-are/our-governance/organs-and-bodies-of-the-community/the-council-for-human-and-social-development-cohsod/>.

²³ <https://caricom.org/about-caricom/who-we-are/our-governance/organs-and-bodies-of-the-community/council-for-trade-and-economic-development-coted/>.

²⁴ <https://bit.ly/2lIQHru>.

²⁵ <https://www.un.org/sustainabledevelopment/development-agenda/>.

²⁶ <https://unstats.un.org/sdgs/metadata?Text=&Goal=3&Target=3.4>.

²⁷ <https://www.un.org/pga/73/event/universal-health-coverage/>.

BACKGROUND

Childhood obesity poses a serious risk to health globally, regionally, and nationally. Obese children and adolescents are five times more likely to be obese in adulthood than those who were not obese,²⁸ and obesity places individuals at higher risk for three of the major NCDs—cardiovascular diseases, cancer, and diabetes—and can aggravate symptoms of the fourth major NCD, chronic respiratory diseases.²⁹

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%,³⁰ 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;³¹ 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%.³²

The environments in which people live, develop their eating habits, and make their food choices exert significant influence on their nutrition, and obesogenic environments are important contributors to the epidemics of obesity and diet-related NCDs. The EAT-Lancet Commission noted that unhealthy diets pose a greater risk to morbidity and mortality than

do unsafe sex, and alcohol, drug, and tobacco use combined, and called for an urgent transformation of the global food system.³³ The Lancet Commission also highlighted the need for urgent action to address the Global Syndemic of obesity, undernutrition, and climate change.³⁴

International, intergovernmental organisations such as the World Health Organization (WHO) and PAHO³⁵ have provided guidance for their Member States to prevent childhood obesity through frameworks such as the 2016 WHO [Report of the Commission on Ending Childhood Obesity](#),³⁶ the WHO [Best Buys and Other Recommended Interventions for the Prevention and Control of NCDs](#),³⁷ and the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents 2014–2019. The recommended policy options for COP include effective taxation of sugar-sweetened beverages (SSBs); interpretive front-of-package labelling (FoPL),³⁸ supported by improvements in health and nutrition education and literacy for both adults and children; and elimination of the sale or marketing of unhealthy foods, such as SSBs, in the school environment.

In the Caribbean, CARICOM HoSG have acknowledged the scale and severity of childhood obesity and

²⁸ 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>.

²⁹ Poulain M, Doucet M, Major GC, et al. The effect of obesity on chronic respiratory diseases: pathophysiology and therapeutic strategies. *Can Med Assoc J* 2006; 174(9): 1293–1299. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1435949/>.

³⁰ 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>.

³¹ 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>.

³² Caribbean Food and Nutrition Institute (CFNI). Report on the anthropometry of children 0–4 years old in the Caribbean. Kingston, Jamaica: CFNI, 2012.

³³ 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>

³⁴ 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>.

³⁵ PAHO is the Regional Office for the Americas of the World Health Organization.

³⁶ <https://bit.ly/2jRpun8>.

³⁷ WHO. Tackling NCDs: Best buys and other recommended interventions for the prevention and control of NCDs. Geneva: WHO; 2017. <https://bit.ly/2luD8NI>.

³⁸ Interpretive FoPL provides nutrition information for one or more nutrients as guidance rather than specific facts, and shows judgement or recommendation; examples are traffic light, warning, and 'high in' labels. WCRFI. Building momentum: lessons on implementing a robust front-of-pack food label. WCRFI: 2019. <https://bit.ly/2Seipfx>.

³⁹ <https://today.caricom.org/2016/07/07/communique-37th-regular-meeting-of-caricom-heads-of-government/>.

agreed to take action. In the [Communiqué from the 37th Regular Meeting of the Conference of Heads of State and Government of CARICOM](#) in 2016,³⁹ the HoSG pledged to address various health-related issues, including banning advertisement of potentially harmful foods which specifically target children, and elevating taxes on HFSS foods. The [Communiqué from the 39th Regular Meeting of the Conference of Heads of State and Government of CARICOM](#) in 2018⁴⁰ 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”.

There are continuing efforts to foster the multisectoral response that is essential for COP. In July 2019, Barbados’ Permanent Mission to the Organization of American States (OAS), in collaboration with PAHO, successfully sponsored a resolution for inclusion of school-based interventions for COP in the Inter-American Education Agenda,⁴¹ and planning is underway for the First Joint Meeting of the CARICOM COHSOD and COTED that will focus on, among other issues, nutrition policy in the region.

The HCC has sought to advance regional dialogue and action in this area, and the HCC CSAP 2017–2021 for COP in the Caribbean provides a blueprint for civil society action in support of national responses. 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. It also includes seven key policy asks: taxation of unhealthy foods; mandatory FoPL; enacting legislation related to the [International Code of Marketing of Breast-milk](#)

[Substitutes](#);⁴² banning the marketing of unhealthy foods and beverages to children; mandatory physical activity in schools; banning the sale and marketing of unhealthy foods in schools; and monitoring policy implementation. The implementation of the CSAP has resulted in several HCC COP initiatives, as summarised on the [HCC COP Portal](#).⁴³

One of the HCC COP initiatives is the [Childhood Obesity Prevention Scorecard](#) (COPS),⁴⁴ an easy-to-use tool based on the CSAP for monitoring the regional COP policy environment. As at August 2019, the COPS shows that despite the several high-level commitments and agreements, and the recommendations and frameworks available for COP, many effective interventions remain unimplemented in Caribbean countries. Of the 20 CARICOM Member States, only four tax sugary beverages (Barbados, Bermuda, Dominica, and St. Vincent and the Grenadines);⁴⁵ only two have national policies regulating the availability of SSBs in school environments (Jamaica and Trinidad and Tobago); and none regulates the marketing of unhealthy products to children or has mandatory FoPL.

The Lancet Commission posits that the “patchy progress” in translating evidence-based policy recommendations to halt and reverse obesity rates is due to “policy inertia”—the collective effects of inadequate political leadership and governance to enact policies to respond to the Global Syndemic; strong opposition to those policies by powerful commercial interests; and a lack of demand for policy action by the public.⁴⁶ Efforts by the HCC and partners to advocate to policymakers; counter FBC interference with evidence-based arguments and examples of successes and best practices; and disseminate evidence-based information to the public, have raised awareness of the issues among key stakeholders and created a more favourable environment for nutrition policies for COP in the Caribbean.

⁴⁰ <https://bit.ly/2lYgxJy>.

⁴¹ Healthy Caribbean Coalition. Weekly News Roundup, 16 July 2019. <https://mailchi.mp/d843ecf4bdfc/hcc-news-roundup-july-1624517>.

⁴² https://www.who.int/nutrition/publications/code_english.pdf.

⁴³ <https://www.healthycaribbean.org/childhood-obesity-prevention/>.

⁴⁴ <https://www.healthycaribbean.org/wp-content/uploads/2019/08/COPS-Grid-August-2019-WEB.pdf>.

⁴⁵ In 2019, St. Vincent and the Grenadines increased the excise tax on water containing added sugar, other sweetening matter, or flavoured, and aerated beverages from 10% to 20%. Budget Speech, February 2019. <http://finance.gov.vc/finance/images/PDF/budgetaddress/Budget-2019.pdf>. The tax in Bermuda is a sugar tax, and is applied to products other than SSBs.

⁴⁶ 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>.

Arguments that may persuade policymakers include not only the evident benefits to people's health and wellbeing, but also the additional revenues that fiscal measures such as a tax on sweet beverages would generate. Revenue from taxes on unhealthy commodities can be used to provide much-needed support for health programmes, as has been done in Jamaica, with the use of tobacco taxes to support the National Health Fund, and in St. Vincent and the Grenadines, where a tax on sugar supports diabetes prevention.

HCC's advocacy for nutrition policies to address 'sweet beverages', in preference to 'SSBs' or 'sugary drinks'

is informed by concerns about artificial sweeteners, which may have adverse health outcomes, including weight gain and the development of metabolic syndrome and type 2 diabetes.^{47,48} Recently-published findings show that greater consumption of total, sugar-sweetened, and artificially sweetened soft drinks is associated with higher risk of all-cause mortality, and that the consumption of artificially sweetened soft drinks was positively associated with deaths from circulatory diseases.⁴⁹ Sweet beverages (SBs) include beverages with added sugar, those naturally high in sugar (such as 100% fruit juices), and those with no- or low-calorie sweeteners.

⁴⁷ Strawbridge H. Artificial sweeteners: sugar-free, but at what cost? Harvard Health Blog, July 2012, updated January 2018. <https://bit.ly/2x2VMk1>.

⁴⁸ 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>.

⁴⁹ 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>.

MEETING GOAL, OBJECTIVES, AND EXPECTED OUTCOMES

Goal

Build regional capacity and momentum for the implementation of obesity prevention policies with a focus on mandatory front-of-package nutrition warning labels (FoPWL); bans or restrictions on sweet beverages in schools; and taxation of sweet beverages.

Objectives

	Build awareness among a diverse group of multisectoral stakeholders of regional and global approaches and experiences in advocacy and implementation for:
1	a. Mandatory front of package nutrition warning labels (FoPWL) b. Bans or restrictions on the sale and marketing of sweet beverages in schools c. Taxation of sweet beverages
2	Engage high-level policymakers around HCC's priority nutrition policies with a view to accelerating adoption and implementation of the policies at the national level.
3	Explore Col best practices in response to positive and negative contributions of Industry in the advancement of nutrition policy.
4	Develop a meeting outcome statement and call to action which supports accelerated implementation of nutrition policies to reduce overweight and obesity among children in the Caribbean.

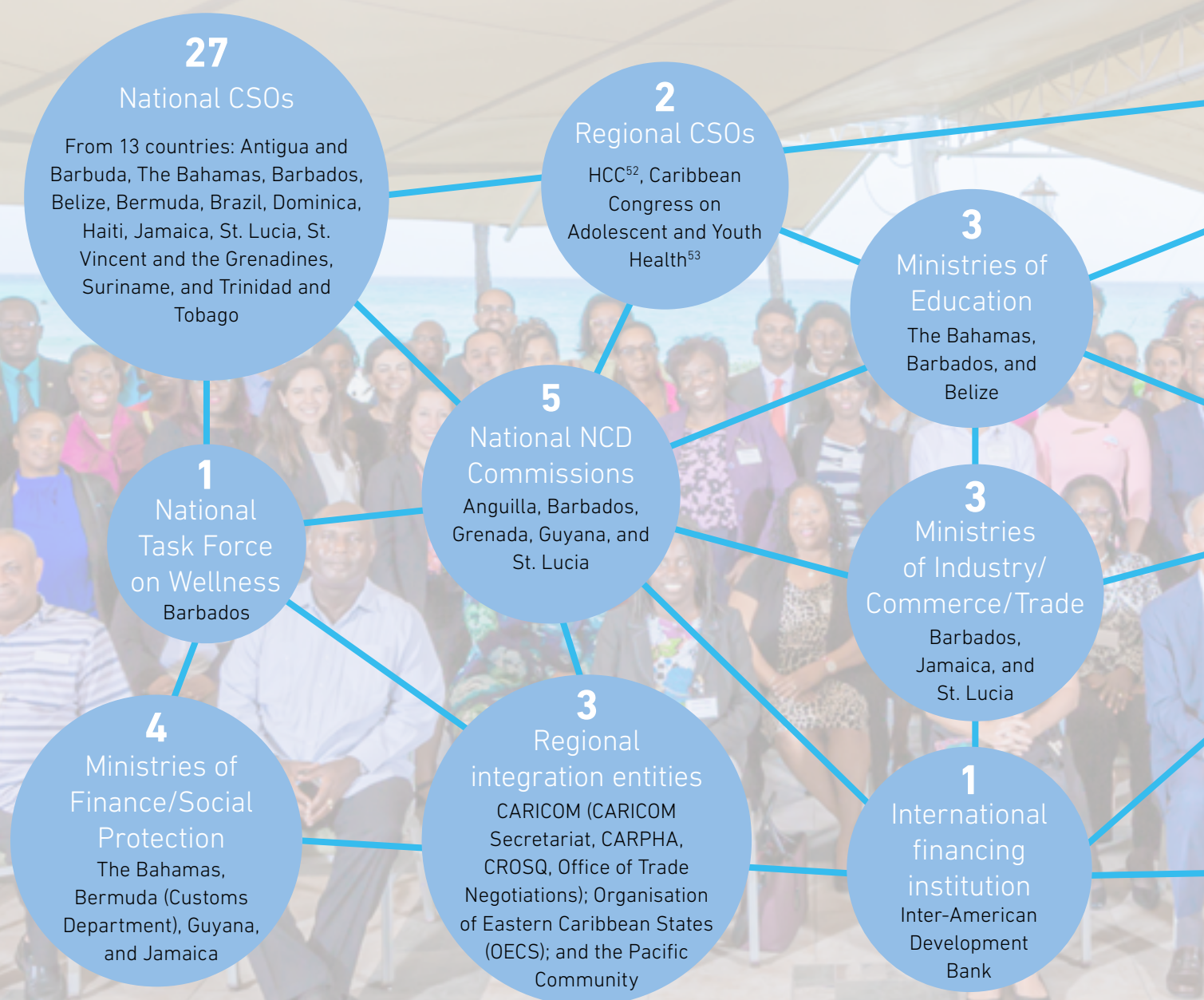
Expected outcomes

1	Increased awareness and understanding among a diverse group of stakeholders of regional and global approaches and experiences in advocacy and implementation for: mandatory FoPWL; school based policies; and taxation of sweet beverages.
2	Strengthened coalition of informed and effective nutrition policy advocates.
3	High-level policymakers engaged around HCC's priority nutrition policies with a view to accelerating national implementation.
4	Increased awareness of best practices in managing Col in response to positive and negative contributions of Industry in the advancement of nutrition policy.
5	Meeting outcome statement and call to action which supports accelerated implementation of nutrition policies.

PARTICIPANT SUMMARY

There were **119 participants** in the workshop from 23 countries and territories,⁵⁰ including 16 CARICOM Members/ Associate Members. The list of participants is in **Annex 1**.

Participants comprised representatives of:⁵¹

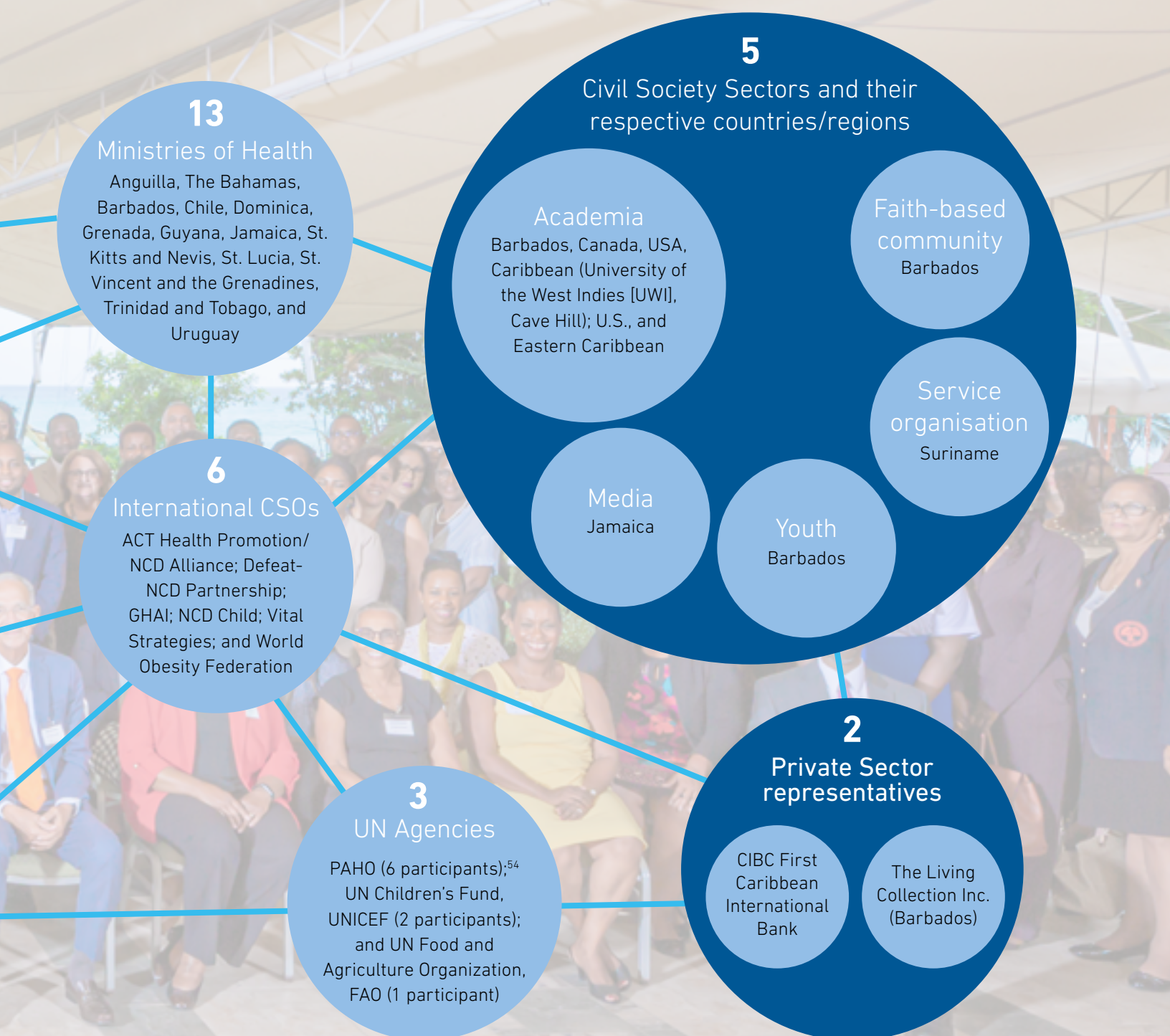


⁵⁰ Anguilla, Antigua and Barbuda, Barbados, The Bahamas, Belize, Bermuda, Brazil, Canada, Chile, Dominica, Grenada, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, United Kingdom, United States of America, US Virgin Islands, and Uruguay.

⁵¹ Several individuals represented more than one entity.

⁵² Including HCC Board of Directors, Secretariat, Advisors, and Consultants.

⁵³ <https://www.caribbeanyouthcongress.org/>.



⁵⁴ Representatives from the Barbados-based PAHO Subregional Programme Coordination-Caribbean (1) and PAHO Office for Barbados and Eastern Caribbean Countries (2); PAHO Chile (1); and PAHO headquarters in Washington, D.C. (2).

METHODOLOGY

Prior to the meeting, the HCC Secretariat established a [website](#)⁵⁵ with meeting resources including registration, the concept note and programme, a civil society policy brief, and a section to accommodate “[delegate voices](#)”⁵⁶—opinions on what should be done to accelerate nutrition policies for COP in the region.

The meeting itself used a mix of remarks from high-level policymakers; technical presentations from

representatives of national, regional, and international agencies and organisations; round table, panel, and plenary discussions; and group work, discussions, and presentations to achieve the objectives and expected outcomes.

The meeting programme is in **Annex 2** and participants’ presentations are posted on the meeting website.



⁵⁵ <https://www.healthycaribbean.org/accelerating-nutrition-policies-in-the-caribbean/>.

⁵⁶ <https://www.healthycaribbean.org/accelerating-nutrition-policies-in-the-caribbean/#voices>

SESSION SUMMARIES - DAY 1



Welcome and introductions

Sir Trevor Hassell and Ms. Maisha Hutton

Sir Trevor Hassell, HCC President, welcomed participants after an opening prayer by Senator the Reverend John Rogers. The HCC President gave a special welcome to Lieutenant Colonel the Honourable Jeffrey Bostic, Minister of Health and Wellness, and the Honourable Santia Bradshaw, Minister of Education, Technical and Vocational Training, and Leader of Government Business, both of whom rearranged their schedules in order to participate in the meeting. He also made special mention of delegates from the Caribbean and further afield, including from Canada, Chile, Uruguay, and the [Pacific Community](https://www.spc.int/),⁵⁷ and congratulated Professor Mary L'Abbé of the University of Toronto for having recently been awarded the Order of Canada for her contribution to child nutrition.

Sir Trevor noted the commitments of the CARICOM HoSG in 2016, 2017, and 2018 in support of childhood obesity prevention, and expressed the hope that, with the involvement of local and regional stakeholders and experts from within and outside the Caribbean region,

this meeting—a specific HCC response to the HoSG's concerns and commitments—would include free, constructive, and robust discussion. He advised that the active participation of all delegates was important, since the issue of COP was relevant to all, and each one could contribute to the solutions.

Ms. Maisha Hutton, HCC Executive Director, expressed her pleasure at seeing familiar faces, and summarised the background to the meeting, including funding organisations and partners. She also noted the profile of the participants, who comprised mainly civil society representatives, but who also included representatives of the public and private sectors, since multisectoral partnerships and collaboration were essential for COP. Ms. Hutton reminded participants of the goal, objectives, and expected outcomes of the meeting, noting that the main output would be an action-oriented document—a Call to Action—to spur the translation of commitments into action and move from rhetoric to accomplishments.

⁵⁷ <https://www.spc.int/>.

⁵⁸ <https://www.who.int/ncds/un-task-force/en/>.

⁵⁹ <https://ncdalliance.org/news-events/news/ncda-members-awarded-for-their-outstanding-contribution-to-ncd-prevention-and-control>.



Lt. Col. The Honourable Jeffrey Bostic

Official opening welcome

LT. COL. THE HONOURABLE JEFFREY BOSTIC, MINISTER OF HEALTH AND WELLNESS, BARBADOS

Minister Bostic gave a special welcome to both members of the “one Caribbean health environment”, including persons from ministries of health across the region, and to those from outside the region. He recognised the challenges they may have faced regarding their participation due to air travel difficulties or the disastrous effects of natural events such as Hurricane Dorian, which affected the region, especially The Bahamas, in late August 2019.

The Minister acknowledged HCC’s efforts to combat NCDs and congratulated the Coalition on its recent UN Interagency Task Force on the Prevention and Control of NCDs (UNIAF)⁵⁸ award.⁵⁹ He indicated the personal significance of, and his vested interest in, the meeting and its outcomes, not only as Minister of Health and Wellness, but also as a citizen of Barbados and “son of the regional society”.

The Minister likened NCDs to Hurricane Dorian, with “gusty winds called hypertension, storm surge called diabetes, and heavy rainfall, called obesity”. He quoted WHO statistics on NCDs, and provided advice on how best to tackle the disorders based on his military background, posing four relevant questions: How do we define the enemy? What strategies need to be in

⁵⁸ <https://www.who.int/ncds/un-task-force/en/>.

⁵⁹ <https://ncdalliance.org/news-events/news/ncda-members-awarded-for-their-outstanding-contribution-to-ncd-prevention-and-control>.

place to attack? When should we attack? When do we need to re-analyse and re-strategise the attack? In his responses to the questions, the Minister:

- Noted that NCDs are ravaging the islands of this region and their social determinants are in camouflage, targeting children and resulting in one in three children being obese or overweight.
- Expressed shock at the thought that the Barbados he leaves behind may be less healthy than the one he inherited, and noted that while growing up, all his food was “slow”, and a healthy lifestyle was the only lifestyle.
- Advised that strategies to address NCDs must be as cunning and sophisticated as the enemy, applied with well-rehearsed, targeted precision, and include increasing physical activity in schools, provision of healthy food, free access to water, and transformation of the culture.
- Noted that timing is everything, and a delicate balance of research and surveillance must be matched with decisive action, in partnership with governments.
- Cautioned against thinking that the policies of today will be infinitely valid, and argued for analysis and reassessment, with multi-pronged strategies involving taxation, regulations, and work in cyberspace and villages, to “reach every nook and cranny”.
- Advocated for regional efforts, noting that Barbados has passed legislation to allow universal access to health for CARICOM nationals, based on the CARICOM Single Market and Economy (CSME)⁶⁰ Protocol of Contingent Rights.
- Expressed the need to adopt a fast and aggressive regional approach to NCDs and obesity, noting that the Ministers of Health of Barbados and the Organisation of Eastern Caribbean States (OECS) had agreed to approach CARICOM at the Caucus of Ministers held before the PAHO Directing Council in Washington, D.C. in September 2019, to make a statement that

the Caribbean region must focus on eliminating trans fat from its landscape.

- Noted that Barbados has established an interministerial Cabinet Sub-committee to address NCDs, and expressed the hope this model would become a regional one, since “the social determinants do not reside in the Ministry of Health”.

In closing, the Minister congratulated HCC on convening the meeting, and hoped for continued focus on safeguarding children, since regional governments are depending on this assistance to draft policies and implement innovations. He advised that he was “eagerly listening” for solutions, not only in his capacity as Minister, but also as a citizen of the region, and a cohabitant of the health environment.

Minister Bostic’s speech is in **Annex 3**.

⁶⁰ <https://caricom.org/caricom-single-market-and-economy>.



THE HONOURABLE SANTIA BRADSHAW, MINISTER OF EDUCATION, TECHNOLOGICAL AND VOCATIONAL TRAINING, AND LEADER OF GOVERNMENT BUSINESS, BARBADOS

The Minister expressed her pleasure in welcoming all stakeholders to this critical meeting. She noted that the region has been affected by climate change and Caribbean countries are working together to address the issue; the Right Excellent Mia Amor Mottley, Prime Minister of Barbados, has spoken about this on the international stage. She stated that, like climate change, obesity is of concern not only to the Government of Barbados, but also to the whole region, and these serious issues cannot be addressed in the old-fashioned way.

Minister Bradshaw indicated that she had made a special effort to be at this meeting to signal the importance of the Ministry of Education, Technological and Vocational Training (METVT) in fighting this

battle, having herself been diagnosed with an NCD, having to read package labels more carefully, and being more aware of the importance of consumer education. She noted that children are the future, and their wellbeing must be safeguarded, including the reduction of unhealthy dietary habits. Citing a 2018 study conducted in 21 secondary schools in Barbados by the HSFB, the Minister stated that the meals offered by canteens are not as healthy as they ought to be: the most frequent food items were white potato fries (88%), hamburgers (82%), baked/fried chicken and chips (71%), and rotis (65%), with some schools selling salted, high-fat protein (pig tails) and snack boxes (18%). The study also showed that the meals lacked adequate vegetable servings; SSBs were available on all school compounds (100%); working water fountains were present in 41%; and fruits were available in only 13% of the schools.

Reiterating the Ministry's commitment to healthy school environments and a focus on not only

academics, but also on health, the Minister noted that there was some resistance from vendors—a challenge across the region—but there has to be a balance between entrepreneurship and healthy nutrition. She then outlined a few of the initiatives that the Ministry would roll out during the coming school year, including:

- *Policy development.* A Framework for a Food and Nutrition Policy for Private and Public Nursery, Primary, and Secondary Schools in Barbados has been drafted to provide direction and guidance to concessionaires and vendors; HSFB has already started to train concessionaires.
- *Guidelines.* A draft Guidelines for Canteen Concessionaires has been developed as a manual for the concessionaires, focusing on healthy foods that can be prepared for the school population, as well as on sanitation and safety issues. The guidelines will be mandatory, and renewal of concessionaires' contracts will depend on the inclusion of healthy foods in their menus.
- *Nutrition education.* A Food Nutrition and Health Quiz—including food preparation—and a Food Presentation Competition related to NCDs, aiming to create an interesting and fun-filled way of educating students and all sectors of the population on NCD issues, using social media platforms.

Minister Bradshaw recognised the important role that teachers play, and stated that the METVT expected that those teaching Home Economics, Science, Physical Education, and Health and Family Life Education (HFLE), in particular, would integrate information on adopting healthy lifestyles into their classes. The Ministry would also be upgrading nutrition rooms across school plants to ensure pleasant environments; encouraging all schools to develop kitchen gardens and agricultural projects; and developing mechanisms for maintenance of the gardens and projects during holiday periods.

The Minister stated that there is a moral responsibility to create healthy spaces in schools and other areas for our children, and school should develop the child holistically, to be socially, mentally, and physically fit.

She committed the METVT to collaborate with the MHW and other ministries, working incrementally to eliminate obesogenic environments and reverse the trend in childhood obesity. Interventions for consideration include revisiting food imports; increasing the consumption of locally produced foods; identifying physical activities that each child, not only those designated as 'athletes', can participate in; and advocating for taxation policies that support health.

In closing, Minister Bradshaw noted that she and Minister Bostic intended to be actively involved role models, "not only talking the talk, but walking the walk", and commended HCC for keeping COP in the minds of all Barbadians.

Minister Bradshaw's speech is in **Annex 4**.

PRESENTATION OF THE “WALK THE TALK” AWARDS

Before introducing the Keynote Speaker, Sir Trevor Hassell announced the inaugural year of the HCC “Walk the Talk Awards”, an initiative designed to recognise significant achievements by a country and encourage other Caribbean countries to follow suit. The awards went to:

Team Jamaica, led by Dr. the Honourable Christopher Tufton, Minister of Health and Wellness, Jamaica, in recognition of outstanding leadership in creating a Caribbean mass movement for health—“[Caribbean Moves](#)”⁶¹—born out of the successful “[Jamaica Moves](#)”⁶² campaign.



The Bermuda Multisectoral Team in recognition of outstanding legislative action to reduce the consumption of sugar sweetened beverages (SSBs) in Bermuda through the enactment of a 75% tax on SSBs, the highest in the world.



⁶¹ <https://today.caricom.org/2018/09/27/caricom-heads-of-government-recommit-efforts-to-combat-ncds-with-launch-of-caribbean-moves-campaign/>.

⁶² <https://www.jamaicamoves.com/>.



Keynote address

MS. PAULA JOHNS, DIRECTOR ACT BRAZIL/BOARD MEMBER NCD ALLIANCE

In her address, Ms. Johns drew on the experiences of [ACT Promoção da Saúde](http://actbr.org.br/)⁶³ (ACT Health Promotion), an NGO in Brazil. She informed that the organisation has 1,200 members, including 150+ organisations and 400+ people trained in advocacy, and engages with policymakers to drive policy change and promote environments where healthier choices are possible.

Ms. Johns summarised lessons learned during her work as an advocate for the Framework Convention on Tobacco Control (FCTC):⁶⁴ simple, population-wide policy interventions work, can be spread to various countries that have not implemented effective control policies before, help to create global, regional, and

national coalitions that are powerful tools, and build momentum for action. The FCTC process led to recognition of industry interference as the major obstacle to policy development and implementation, and gave rise to [Article 5.3](https://www.who.int/tobacco/wntd/2012/article_5_3_fctc/en/)⁶⁵ of the FCTC, which requires Parties to the Convention to take proactive measures to protect health policy from the vested interests of the tobacco industry, as well as to the development of [guidelines for the implementation of Article 5.3](https://www.who.int/fctc/guidelines/article_5_3.pdf).⁶⁶ The FCTC process also allowed identification of important factors for the development of treaties and codes, including evidence of a health crisis; analysis of the cost of inaction; civil society advocacy; capacity-building; management of Col; and monitoring and accountability to ensure compliance.

In reference to the various global frameworks for NCD prevention and control, Ms. Johns expressed the view that they were mainly talk ("blah, blah, blah") and little

⁶³ <http://actbr.org.br/>.

⁶⁴ https://www.who.int/fctc/text_download/en/.

⁶⁵ https://www.who.int/tobacco/wntd/2012/article_5_3_fctc/en/.

⁶⁶ https://www.who.int/fctc/guidelines/article_5_3.pdf.

action, and noted that CSOs were disappointed in the absence of the WHO Best Buys and sugar, tobacco and alcohol taxes (STAX) in the [Political Declaration from the 2018 UN Third High-level Meeting on NCD Prevention and Control](#).⁶⁷ She also stated that an analysis of the 2018 Political Declaration by the UN Development Programme (UNDP) identified PSEs and high-income countries as possible veto players against NCDs and climate change; noted the omission of stricter regulations on harmful products and management of Col; and detected a tendency toward the inclusion of statements by high-income countries and omission of statements by lower income countries. In addition, many big FBCs emphasised physical activity as the main risk factor to be addressed, rather than nutrition, protecting their own interests.

Ms. Johns noted that “business as usual is not working” and that all global NCD indicators show very little or zero progress to date, where data are available. The four basic policies for NCD risk factor reduction are marketing restrictions, healthy environments, taxation, and labelling, and, currently, no country has all four policies in place. She suggested that, based on the WHO [MPOWER policy package for tobacco control](#),⁶⁸ an MPOWER Policy Package for Food could comprise:

- **M**onitoring/Accountability (Col)
- **P**rotecting children in schools (institutional environments)
- **O**ffering information (sustainable food based guidelines)
- **W**arning FoPL
- **E**nforcing marketing restriction of ultra-processed foods
- **R**aising taxes for ultra-processed foods

Ms. Johns presented references endorsing the use of unhealthy commodity taxation as a health-promoting measure⁶⁹ and demonstrating industry obstruction,⁷⁰ and noted ‘diversionism’ as an industry tactic.

‘Diversionism’ reframes the issue to divert attention and protect Industry interests, and includes self-regulation and voluntary agreements; education as the main intervention; promotion of individual choice; product reformulation; promotion of physical activity as the solution for obesity; and statements such as “it is too complex—food and alcohol are not like tobacco” and “at least we’re doing something”.

Ms. Johns pressed participants to “learn from our adversary” and stated that regulations promoted in other jurisdictions, intense debate/public pressure, and advocacy on the issue by the main stakeholders were all favourable factors in policy development and implementation. She noted that when Industry aggressively fights against an issue, it is a signal that the issue is of critical importance to public health, and regulation and mobilisation are essential strategies for successful outcomes. Health advocates should resist intimidation and “prepare, fight back, and monitor”.

⁶⁷ https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2.

⁶⁸ https://www.who.int/tobacco/mpower/mpower_report_six_policies_2008.pdf.

⁶⁹ The Task Force on Fiscal Policy for Health. Health Taxes to Save Lives, April 2019, <https://www.bbhub.io/dotorg/sites/2/2019/04/Health-Taxes-to-Save-Lives-Report.pdf>.

⁷⁰ New York Times, 16 September 2019. A shadowy industry group shapes food policy around the world. <https://www.nytimes.com/2019/09/16/health/ilsa-food-policy-india-brazil-china.html>, and Vital Strategies. Fool Me Twice. Vital Strategies; 2017. <https://www.vitalstrategies.org/multinational-food-soda-alcohol-industries-pose-health-challenge-rivals-tobacco/>.



Dr. Anselm Hennis

PAHO regional response to childhood obesity

DR. ANSELM HENNIS, DIRECTOR, DEPARTMENT OF NCDs AND MENTAL HEALTH, PAHO

Dr. Hennis summarised PAHO's response, noting the situation with childhood obesity in the Americas, its impact, and drivers of the epidemic, including market deregulation, which is directly related to increases in the sales of ultra-processed foods and beverages. He identified global responses and highlighted the CARICOM HoSG POSD in 2007 as the start of the global movement; the Addis Ababa Declaration, which speaks to taxation of products; and the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents, which includes improvement of school nutrition and physical activity environments, and fiscal policies and regulation of food marketing and labelling as Strategic Lines of Action 2 and 3, respectively.

Dr. Hennis characterised the rationale for taxation as "win-win-win-win", noting that appropriately

structured excise taxes related to NCD risk factors can improve health outcomes; increase the financial viability of health systems; increase productivity, workforce, and wellbeing; and provide revenue to finance development. With regard to labelling, he advised that PAHO was working with the region to implement FoPWL using 'high in' labels, and noted the techniques used in marketing to children, their impact, and guidance from WHO and PAHO on policy development to counteract them.⁷¹

In closing, Dr. Hennis described PAHO's collaboration with the OAS Inter-American Task Force on NCDs and the Inter-American Education Agenda, and identified opportunities provided through the latter's focus on the school environment. He also summarised PAHO's role in COP in school settings: raise awareness, support development of policies and regulatory frameworks, facilitate the updating of feeding, nutrition, and health programmes, and promote inter-programmatic and multi-sectoral coordination.

⁷¹ WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2010. <https://www.who.int/dietphysicalactivity/publications/recsmarketing/en/>.

PAHO. Recommendations from a PAHO Expert Committee on the marketing of food and non-alcoholic beverages to children in the Americas. Washington, D.C.: PAHO; 2011. https://www.motherjones.com/files/experts_food_marketing_to_children_eng.pdf.

WHO. A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2012. https://www.who.int/dietphysicalactivity/framework_marketing_food_to_children/en/.



CARPHA 6-Point Policy Package

MS. CHRISTINE BOCAGE, SENIOR TECHNICAL OFFICER, FOOD SECURITY AND NUTRITION, CARPHA

Ms. Bocage described the CARPHA 6-Point Policy Package in support of COP, noting its six evidence-based policy options, which were endorsed by COTED and COHSOD in November 2015, and affirmed at the 43rd meeting of COTED in 2016:

1. Food labelling
2. Nutrition standards and guidelines for schools and other institutions
3. Food marketing
4. Nutritional quality of food supply
5. Trade and fiscal policies
6. Food chain incentives

For each of the policy options Ms. Bocage described the proposal, objectives, and justification, and highlighted the following interventions, which were proposed to be mandatory:

- Nutrition facts panel on all packaged retail foods,

- Nutrition labelling on menus,
- National nutrition standards for all foods provided and sold in schools, and
- Removal of artificial trans fat from all food products.

Ms. Bocage noted the Meeting of High-level Officials from CARICOM Institutions and Other Agencies that was held in Barbados in February 2017, with the objective of developing a “Roadmap on Multi-sectoral Action in Countries to Prevent Childhood Obesity through Improved Food and Nutrition Security (FNS)”. She summarised key action areas in the Roadmap, which included revising labelling standards; providing technical support for adapting regional nutrition guidelines for schools; promoting taxation of HFSS foods and beverages; and preferentially targeting agricultural support and incentives to nutrient-rich commodities. Ms. Bocage noted progress to date in the action areas, but also identified challenges, chief among them inadequate resources—financial and human— and limited capacity in relevant regional and national entities.



Dr. Rudolph Cummings

CARICOM perspective

DR. RUDOLPH CUMMINGS, HEALTH SECTOR DEVELOPMENT PROGRAMME MANAGER, CARICOM SECRETARIAT

In giving the CARICOM perspective, Dr. Cummings summarised important milestones in the regional response to NCDs, including the 2001 Nassau Declaration, the 2005 [Report of the Caribbean Commission on Health and Development](#),⁷² and the 2007 POSD. He noted several outcomes of the POSD, including the development of a Regional NCD Strategic Plan 2011-2015; establishment of Caribbean Wellness Day, observed annually and adapted by some countries and entities to suit their priority health promotion needs;⁷³ development of a regional standard for tobacco labelling; and creation of the HCC.

Dr. Cummings reminded participants that the POSD and Caribbean advocacy were major contributors to

the convening of the First UN HLM on NCDs in 2011 and the inclusion of a specific NCD target in the SDGs. He noted the 2014 POSD evaluation report, which highlighted implementation deficits, especially in intersectoral action and regulatory frameworks for the protection of human health. However, he sounded a more encouraging note in summarising the measures mandated at the 37th and 38th⁷⁴ Conferences of CARICOM HoSG and informing participants of the intersectoral meeting of COHSOD and COTED scheduled for November 2019 to discuss unhealthy diets and the harmful use of alcohol. He emphasised the strong collaboration among CARICOM, CARPHA, UWI, CROSC, PAHO, and HCC, the last-mentioned being “almost synonymous” with the POSD and being recognised as “leading the charge”.

⁷² <http://iris.paho.org/xmlui/handle/123456789/9995>.

⁷³ Bartholomew L, Bishop L, Brown CR, Murphy MM, and Samuels TA. Caribbean Wellness Day: promoting a region-wide day of action. *Rev Panam Salud Publica*. 2018; 42: e105. <http://iris.paho.org/xmlui/handle/123456789/49570>.

⁷⁴ CARICOM. Communiqué—38th CARICOM Heads of Government Meeting. <https://caricom.org/cochog/view/communique-thirty-eighth-caricom-heads-of-government-meeting>.

Questions and comments

MODERATOR: DR. KENNETH CONNELL, PRESIDENT, HSFB

In setting the stage for the discussion, Dr. Connell noted that simple, easily understandable policy was important, and key issues in policy development included: the language, which needs to be tailored to each sector; stakeholders; flexibility; financing; and special measures applicable to the vulnerable economies of small island developing states (SIDS).⁷⁵

Discussion points included the following:

- NCDs have not benefited from targeted financing support, and work is being done on a “shoestring budget”, with adoption/adaptation of best practices. CARICOM has been flexible and has collaborated with HCC as a vehicle to access funding and promote issues, a situation that is unique.
- It is important that the policy document be relatively simple, and civil society must be involved from the start. Political will is also important, even in addressing “low-hanging fruit”.
- Stakeholders at the policy development table may not have common objectives, the private sector being a case in point, and adequate funding will be essential for further advances to be made.
- Conflict of interest has been mentioned, but consideration needs to be given to confluence of interest and greater involvement of entities that are losing money due to NCDs, such as health insurance companies.
- Mechanisms should be developed to channel the energy of these sectors to the cause. Some organizations have embarked on interventions to manage secondary prevention, which saves consumers money, but there needs to be determination of whether they can play a more meaningful role in preventive activities.
- There are challenges in facilitating the involvement of the working public and in countries’ capacity to put legislation in place. The provision of model legislation is not an efficient strategy in the Caribbean, since the Attorney General in each country wishes to have his/her input into national legislation.

⁷⁵ <https://sustainabledevelopment.un.org/topics/sids>.



Quick Café Chat: Scope and challenge of regulating marketing of SSBs to children

MODERATOR: DR. MYCHELLE FARMER, NCD CHILD

PANELLISTS: MS. STACIA BROWNE, HSFB; MR. PIERRE COOKE JR, HCC; MS. KAY MORRISH-COOKE, HFJ; MS. RACHEL THOMPSON, WOF; MS. JENNA THOMPSON, HCC; AND DR. SI THU WIN TIN, PACIFIC COMMUNITY

Held during the morning break, this session saw quick comments by both moderator and panellists in a more informal setting outside of the meeting room, followed by a brief discussion. The main points follow.

- Private sector entities need to demonstrate corporate social responsibility (CSR) and cooperate with bans on marketing unhealthy food and beverages directly to children.
- In the school environment, only healthy options should be available, and the challenges to making this a reality need to be identified. In addition, labels can be confusing, and should be designed to be very clear on nutrient content/warnings.
- In Jamaica, it is difficult to effectively address the obesogenic environment, since FoPL is voluntary, and there are no restrictions on marketing to children via electronic media and no comprehensive school nutrition policy. FBCs provide branded items to children, sponsor socially aware programmes, and ramp up their visibility through back-to-school promotions without protest from policymakers. However, efforts are being made to finalise school policies that would address some of these issues.
- Another “hidden enemy” is online social influencers, but social media also provides opportunities for the public health sector to reclaim marketing by promoting water and other healthy alternatives to SBs, creating the demand, and making water “cool”.
- CSR presents a major challenge. Even in the face of evidence of the harm caused by unhealthy food and beverages, some schools find it difficult to reject FBC sponsorship. The materials handed out in schools are usually heavily branded, and brand exposure equals brand loyalty, which remains later in life, making it more difficult to counteract the marketing of unhealthy commodities.

- Many Pacific Community countries have a high incidence of diabetes and other NCDs, with up to 50% prevalence of diabetes, and the marketing of SSBs is a major contributing factor to obesity, with children being targeted by Industry. Most of the countries have policies and regulations in place, but action is lacking, and there is realisation that no single policy solution will work—both upstream and downstream approaches are essential. The latter include education and other strategies for a change of attitudes and behaviours in children, parents, teachers, and other key stakeholders. Governments and CSOs are collaborating, and though there is good progress, there is still a long way to go.
- Strategies need to be developed to foster CSR, harness the power of young people to “turn things around”, and deter athlete spokespersons from promoting unhealthy products, for example.
- A youth “revolution” is needed; youth need to be educated, empowered, motivated, and involved from policy inception to policy development, implementation, and monitoring. They often have a social media presence and can be ‘influencers’; they should be communicated with directly.
- The Pacific Community project [Wake Up!](#)⁷⁶ involves youth groups and uses the arts, comic strips, and other media platforms to spread NCD prevention messages targeting persons under 30 years of age.
- Barbados has a COP Coalition with a Youth Sub-committee that goes into schools to communicate directly with, and educate, children. It is important to talk to, rather than talk down to, youth, and to ensure that the message relates to their reality, for example using the issue of skin problems to introduce diabetes, rather than risking their “blinking out” by starting to talk about diabetes itself.
- Dental health is also related to sugar consumption, and it is appropriate to involve dentists in advocacy for SSB bans and taxation.



⁷⁶ <https://www.spc.int/updates/news/2019/05/launch-of-the-wake-up-project-to-engage-pacific-youth-in-prevention-and->

Evidence: Taxation of sweet beverages

PROFESSOR LISA POWELL, DIRECTOR, PREVENTION AND RESEARCH CENTRE, UNIVERSITY OF ILLINOIS AT CHICAGO

In her virtual presentation, Professor Powell provided a rationale for SB taxation related to economics and the costs of obesity. She noted that over-consumption is associated with negative externalities, such as medical costs, that are not accounted for in the private market, since the costs of the externalities are not included in the market price. She also noted that the impact of consumption can be measured by the price elasticity of demand, which is the percentage change in consumption for every 1% increase in price, and emphasised that though fiscal policies have a broad population reach, they should be part of a comprehensive policy approach. She stated that as obesity costs increase, costs other than medical costs also rise, related to, for example, absenteeism and presenteeism.

She outlined the various forms of SB taxation: *specific excise tax*, as applied in Mexico; *ad valorem tax*, as in Barbados and Dominica; *tier taxes*, based on sugar content, as in Chile; and *import duties*, as in Bermuda. Professor Powell noted issues that may reduce the effect of taxes, such as a tax pass-through on the part of the producer/manufacturer, which can be full or partial; cross-border shopping; and product substitution. However, she cited evidence from studies in Mexico that the taxes do work; in that country the effect of increasing SSB taxation was sustained until the end of the second year.

Professor Powell stated that the context of product substitution is important—there may not be an increase in the sales of bottled water if people feel tap water is safe and drink more of it, whereas bottled water sales would likely increase if tap water were not perceived as potable; there may also be substitution of lower-priced, non-branded SBs. She went on to note that individuals with lower income spend more on products, so the taxes may be regressive, in that the taxation would affect that segment of the population more. However, persons with lower income were also more sensitive to price changes and may have related

health conditions, so that the tax would be more likely to lead to changes in their behaviour, making the tax a progressive one. She cautioned that healthy alternatives to SBs, such as potable tap water, must be made available and accessible, and that there must be a return of benefits from the tax in terms of health programmes.

She summarised other issues pertaining to SB taxation:

- *Job losses*. This Industry argument is refuted by evidence from the USA, where there was no net loss of jobs related to tobacco, SSB, or alcohol taxes, and from Mexico, related to the SSB tax.
- *Tax avoidance/evasion*. This may occur through, for example, cross-border purchases, failure to apply the tax, and smuggling.
- *Tax base, design, and application*. The appropriate tax base, with determination of what should be taxed, depends on the objective of the tax. However, a broader tax base helps to minimise substitution; evidence for the inclusion of artificially sweetened drinks in SB taxation is not as strong as for other SBs, but fruit juices from concentrate could be included. With a specific excise tax, consumers may, for example, shift from soda, but if the price of soda goes up more than the price of energy drinks, consumers will shift to energy drinks.
- *Tax rate*. WHO suggests 20% as a minimum, and rates should not be lower than that figure.
- *Earmarking of taxes*. This is important, and can help garner public support; complement the intended health impact of the tax when applied to nutrition- and physical activity-related interventions; be targeted to reduce taxes on or subsidise healthy products and provide greater access to safe water, which will yield additional nutrition benefits and make the policy tax-neutral; and contribute to reducing health inequities, if targeted to low-income and other groups in conditions of vulnerability.

In closing, Professor Powell reminded participants of important issues for advancing fiscal policy approaches to reduce SSB consumption, including understanding the context, health issues, and full range of costs; providing the evidence base,

including substitution effects and impacts on health; considering the tax design: base, type, rate, and structure; estimating revenue generation and cost savings; earmarking revenue; addressing concerns related to job loss (emphasise that money is not being taken out of the economy), cross-border shopping (hold discussions with retailers), regressivity (reframe the discussion around progressive health benefits, and redistribute tax revenue), and the burden of

implementation (develop a clear plan on how the tax will be implemented). She again emphasised that taxation is only one strategy in the reduction of the obesogenic environment—other methods should take be implemented concurrently—and that comprehensive evaluation of the intended and unintended effects of the tax is critical to inform policy development, so M&E structures should be put in place, and baseline data collected.

Questions and comments

- More could be done by public health authorities to provide free potable water in the context of the SDGs, particularly [SDG 6](#): “Ensure access to water and sanitation for all”.⁷⁷ Water insecurity is a challenge to the achievement of this goal.
- It is desirable for persons to utilise reusable water bottles and avoid the accumulation of plastic bottles in the environment.
- The SSB tax should be designed to be tax-neutral⁷⁸—would subsidizing fruits and vegetables help?
- In general, policymakers are leery of earmarking tax revenues, since they feel that this limits their future budgeting, though they may designate a portion of the tax for use in subsidies on healthy foods and other health-promoting strategies.
- Some of the tax revenue should be dedicated to the M&E of policy implementation and fortifying the evidence base around SSB-related policies.
- Policy differs across jurisdictions, and in some cases the tax revenue has been used outside of the health sector, as in Philadelphia, where the revenue was used to support pre-school education. There tends to be public distrust of the authorities regarding the use of these funds, and advocacy with government for transparency and monitoring of their use is important.
- In some schools, sodas are cheaper to buy than water, so a comprehensive policy environment is needed.
- It is important to make sure that resources, such as support for M&E, availability of free potable water, and provision of water bottles, are in place before relevant taxes are implemented.
- In Dominica, after severe hurricanes in 2015 and 2017, there was an increase in SSB consumption, demonstrating that events like these, which are aggravated by climate change, can have this type of impact; relevant taxes have to be put in the context of the situation in the Caribbean region.
- Private sector arguments against SSB taxation often raise the spectre of job loss, and individual companies will make strong representation to ministers of trade and industry. There is also the issue of reformulation, which can be presented as a costly exercise for Industry, though some companies are taking steps to reformulate at least some of their products.
- There might be job loss, but a dollar not spent on an SSB may be spent on another commodity, and there are health costs that are avoided, so that the overall economy does not suffer.
- In the United Kingdom, a tiered SSB tax was announced two years before its implementation, and during that period, many companies reformulated their products to avoid penalties. However, reformulation has involved artificial sweeteners, which might not be safe.

⁷⁶ <https://www.spc.int/updates/news/2019/05/launch-of-the-wake-up-project-to-engage-pacific-youth-in-prevention-and->

⁷⁷ <https://www.un.org/sustainabledevelopment/water-and-sanitation/>.

⁷⁸ Taxes are neutral when they do not favour certain kinds of economic activity over others. <https://taxfoundation.org/simple-case-tax-neutrality/>



Dr. Fabio da Silva Gomes

Evidence: FoPL and PAHO Nutrient Profile Model

DR. FABIO DA SILVA GOMES, REGIONAL NUTRITION ADVISOR, PAHO

Dr. da Silva Gomes noted that in the Caribbean in 2017, four million years of healthy lives were lost due to diabetes, hypertension, and overweight/obesity. He displayed details of the “nutrition facts” components of a label to participants, noting that labels should be easy and quick to read, since consumers were unlikely to want to spend much time and effort in making food shopping decisions.

He stated that the purpose of FoPL was to identify products with excess of critical nutrients associated with NCDs—free sugars,⁷⁹ salt/sodium, and fats (total, saturated, and trans), and this should be clear in selecting an FoPL system, so that the labels can be designed to achieve related objectives. He summarised various types of FoPL systems, including

endorsement; miniature nutrition facts; summary score, which uses numbers, stars, or other symbols; colour guideline daily amounts; traffic light; ‘high-in’ warning; and combinations of the various types, noting that the systems can often be confusing and difficult to comprehend.

He advised that the FoPL system selected should be quickly and easily understandable, relevant, and useful, and should influence decisions and purchases. All these criteria were fulfilled by warning systems, which have been shown to perform better than the traffic light system. Other elements to be considered include colour/contrast—black and white is best; print size—the larger, the better; and location—the top 25% of the package is most effective. Thus, the label should be in the upper part of side of the product visible to the consumer, and be big enough to cover at least 30% of the surface.

Dr. da Silva Gomes presented the 2016 [PAHO Nutrient Profile Model](#)⁸⁰ (NPM) as a tool to classify food and drink products that are in excess of WHO recommendations for intake of free sugars, sodium, total fat, saturated

⁷⁹ The PAHO NPM defines free sugars as “all monosaccharides and disaccharides added to foods by the manufacturer, cook, and/or consumer, plus the sugars that are naturally present in honey, syrups, and fruit juices.

⁸⁰ <http://iris.paho.org/xmlui/handle/123456789/18621>.

fat, and trans fat, but cautioned that the NPM is applicable only to processed and ultra-processed products. He noted that an unbalanced product added to a balanced diet can unbalance the entire diet and

result in nutrient proportions higher than the WHO recommendations. Further, once natural fruit juices are subjected to ultra-processing, they are made unhealthy.

Questions and comments

- If the PAHO NPM were the only tool used to determine healthy and unhealthy foods, very little would be made available in schools. In the school setting, food is also cooked and not everything is ultra-processed, so the PAHO NPM alone is not an adequate guide for all food that can be made available.
- Given all the evidence for the effectiveness of warning labels, will they become a global standard? There are so many standards that may have varying impact on producers—do they have to label their products differently for export to different countries?
- The countries interested in FoPL have different purposes for the labelling, and the system selected will vary with the purpose. For example, if countries do not wish to highlight the content of unhealthy foods, they will not use the 'high-in' system. However, all systems require training of the population.
- In Jamaica, FoPL is being considered separately from nutrient labelling, as the trade and commerce sectors are considering the issue from an export perspective. There was a multi-ministry meeting to ensure that different perspectives were taken into account in developing FoPL.
- The health sector needs to ensure that its voice is heard—Industry has resources for marketing that the government can never match.
- It is essential to listen to all views, answer questions individually, and present evidence to help countries decide the purpose of FoPL and the best system to address the purpose.
- The Codex Alimentarius Commission⁸¹ is discussing FoPL, which provides a forum for advocacy.

⁸¹ <http://www.fao.org/fao-who-codexalimentarius/en/>.

“Schools can lead way to healthier diets and build lifelong healthy eating habits, and in some programmes they are an important source of daily nutrition”



Professor Mary L'Abbé

Evidence: Healthy school policies

PROFESSOR MARY R. L'ABBÉ, DIRECTOR, DEPARTMENT OF NUTRITIONAL SCIENCES, UNIVERSITY OF TORONTO

Professor L'Abbé began her presentation by mentioning [INFORMAS](#),⁸² a global network of organisations and researchers that aims to “monitor, benchmark, and support public and private sector actions to increase healthy food environments and reduce obesity and NCDs and their related inequalities”. The University of Toronto is a member of the network, and through the Department of Nutritional Sciences, it focuses on the impact of food provision, addressing the nutritional quality of foods and non-alcoholic beverages provided in different settings. The settings include schools and other locations where children may be exposed to unhealthy commodities, such as day care/child care centres, sports facilities, recreation centres, and community centres.

She noted lessons learned from a review of previous healthy school food programmes, including the need for improvement in M&E and provision of supporting

resources; a disconnect between self-reported implementation of standards and actual compliance with the standards; and the need for both food-based and nutrient-based standards. She also highlighted publications from WHO, the National Academies of the U.S. Institute of Medicine,⁸³ FAO,⁸⁴ and the World Food Programme (WFP)⁸⁵ that demonstrated the importance of school food programmes not only for the health of children, but also for the inclusion of vulnerable populations, addressing the social determinants of health, and reducing inequities.

Professor L'Abbé encouraged health advocates and other key stakeholders to think broadly about the healthy school environment—which incorporates the environment around the school and likely includes vendors—and identify mutually reinforcing policies. These policies comprise ensuring the nutritional quality of foods and beverages served in schools, coordinated with FoPWL; restricting SSB sales in school cafeterias and vending machines; and restricting food marketing in schools, including signs and promotions, scoreboards, events and prizes, and ‘educational materials’ with logos and promotions.

Turning to M&E, Professor L'Abbé urged the adaptation of data collection instruments as needed, and

⁸² International Network for Food and Obesity/Non-communicable Diseases Research, Monitoring and Action Support. <https://www.informas.org/>.

⁸³ Institute of Medicine. School Meals: Building Blocks for Healthy Children. Washington, D.C.: The National Academies Press; 2010. <http://www.nationalacademies.org/hmd/Reports/2009/School-Meals-Building-Blocks-for-Healthy-Children.aspx>.

⁸⁴ FAO. Nutrition guidelines and standards for school meals: a report from 33 low and middle-income countries. Rome: FAO; 2019. <http://www.fao.org/3/CA2773EN/ca2773en.pdf>.

⁸⁵ World Food Programme. An evaluation of the 2012-2015 Local Food-based School Meal Programme in Papua and Nusa Tenggara Timur Provinces, Indonesia, 2017. <https://www.wfp.org/publications/lfb-sm-evaluation-0>.

described a simple ordinal scale for rating the content of policies and monitoring their implementation; the scale is summarised in **Table 1**. She used a sample rating to outline the policy variables to which the scale can be applied, including: legislative basis; application; nutritional standards, incorporating use

of artificial sweeteners; food promotion restrictions; support tools, such as financing programmes and training for teachers, cafeteria workers, and others; and accountability, including involving parents and families, and making them aware of the school food standards.

Table 1. Ordinal scale for rating school nutrition policy content and monitoring implementation

Rating	Criteria
0	Not mentioned or excluded from policy
1	Weak or partial <ul style="list-style-type: none"> • <u>Vague</u>, general or unclear wording • Goals for the future, but little evidence of implementation; <u>no timelines</u> • <u>Voluntary</u> – “may”, “could”, “encouraged to” • A number of <u>exemptions</u> listed • <u>Narrow</u> application or many loopholes
2	Strong, meets or exceeds expectations <ul style="list-style-type: none"> • <u>Specific</u> language; clear, actionable statements • <u>Mandatory</u> – “must”, “shall” • <u>Broad</u> application with few loopholes – comprehensive

In closing, Professor L'Abbé advised that the scale could be adapted to monitor the foods available in schools and provide specific examples of good practices.

Questions and comments

- What is the role of students in this effort? Programme planners must engage with them and include their views, since students are important in creating buy-in for these interventions. In evaluating programmes, students' input is critical to determine the barriers and loopholes.
- Students can also play a role in conducting M&E, which hardly gets funding, though it is mentioned as critical to the policy development and implementation process. M&E does not always have to be expensive—for example, there are UWI students who would be happy to assist with M&E projects as part of their training.
- There are efforts to articulate support for policies, but often the policies are weak, and this needs to be communicated to governments. Policies should be rated, highlighting the strong components and using the weak ones as opportunities for learning and advocacy.
- The wholesale and bulk sale of products is a factor to be considered, as these often have labelling only on the whole package, not on individual units. There is also an emerging monopoly on food distribution, and the distributor may market only cheaper brands that do not include FoPL. However, the monopoly is also a potential advantage in advocacy for health promotion.

Round Table Discussion

PRESENTERS: MS. CONSTANZA ASTORGA MERCADO, ADVISOR, UNDERSECRETARY OF HEALTH/ COORDINATOR, PLAN AGAINST CHILD OBESITY, MINISTRY OF HEALTH, CHILE; MR. LUIS GALICIA, CONSULTANT, NCD PROGRAMME, MINISTRY OF PUBLIC HEALTH, URUGUAY; AND PROFESSOR MARY R. L'ABBÉ, DIRECTOR, DEPARTMENT OF NUTRITIONAL SCIENCES, UNIVERSITY OF TORONTO

The presenters described experiences in their respective countries with regard to nutrition policy for COP.



Ms. Constanza Astorga Mercado

Chile - Ms. Constanza Astorga Mercado

Ms. Astorga Mercado summarised the rationale and process that led to the enactment of Law No. 20.606 "About nutritional composition of food and its publicity", including Chile's rank as having the second highest prevalence of obesity among the countries of the Organisation for Economic Cooperation and Development (OECD). She noted that the goal of the Law was to contribute to reduction in the rate of obesity and, in the long-term, of NCDs; its objective was to reduce the consumption of critical nutrients among the Chilean population. The Law supports the National Plan against Childhood Obesity, which has four pillars, two of which are "improvement of the environment to favour a better nutritional intake and greater physical activity", and "strengthening of fiscal and regulatory food policy".

Ms. Astorga Mercado stated that the process started in 2007 with presentation of the legislative initiative,

and developed in phases over a 12-year period, with official publication in 2015, and the third and final phase of implementation in June 2019. The Law's three pillars of action were regulation of FoPL, regulation of the marketing of food to children, and a ban on the sale and advertising of 'high-in' foods in schools. She indicated that Regional Ministerial Secretariats monitored compliance with the Law using guidelines from the Ministry of Health, and results showed that 72.6% of companies were complying with the Law; 82.3% of products were reformulated to be healthier; 43.8% of packaged foods had 'high-in' labels; and 91.6% of consumers stated that the FoPWL influenced their product purchases. In addition, over 90% supported 'high in' FoPWL and a ban on the sale of 'high in' products in schools, and over 70% supported a ban on the marketing of 'high in' products to children; mothers perceived that the Law was changing perceptions, attitudes, and behaviours toward healthier eating patterns.

Ms. Astorga Mercado reported preliminary results of a 2017 evaluation that showed a decrease of 46%-62% in the exposure of pre-teens and adolescents to unhealthy commodity advertising, a 13% decrease in the purchase of sugary beverages, and a 14% decrease in the purchase of breakfast cereals that fell into the 'high in' category. In concluding, she

informed participants that several academic studies have provided evidence that the FoPWL system implemented through the Chilean Law No. 20.606 has influenced consumers' eating behaviour and has resulted in the identification and selection of healthier foods for consumption.



Uruguay - Mr. Luis Galicia

Mr. Galicia shared information the burden of overweight and obesity in adults and children in Uruguay, noting that the prevalence of obesity was increasing in adults, children under 5 years of age, and adolescents—in school-aged children, obesity prevalence increased from 24.8% in 2004 to 39.9% in 2016. He reported significant upward trends in the sales and affordability of SSBs since the late 1990s, and the Global Student-based School Health Survey (GSHS) in 2012 in Uruguay showed that 7 in 10 adolescents drank SBs daily, and that 1 in 10 ate fast food more than three times per week.

He stated that obesity policies have been developed, aligned with the overall national health plan, 'National Health Objectives 2020', and there is an intersectoral National Commission for Coordination of Policies to fight against obesity, created by Presidential Decree

in November 2018. The Commission has no private sector membership, and requires participants and guests to present a declaration of Col.

Mr. Galicia summarised the components of the National Strategy for Prevention of Obesity, which comprise breast-milk substitute regulation; infant and young child feeding practices; progressive elimination of trans fat; implementation of FoPL; voluntary reduction of sugars and sodium in processed foods; national programme for control of overweight and obesity in the Integrated National Health System (SNIS);⁸⁶ behaviour change communications and mass media campaigns; healthy diet and physical activity practices in schools; and integration of dietary guidelines in all public policies.

He noted that regulations against processed and ultra-processed foods in schools have been developed, as well as a number of other tools, including dietary and

⁸⁶ The SNIS grants medical coverage through the National Health Insurance (SNS). <https://www.smu.org.uy/sindicatos/documentos/snis/snis.pdf>. (In Spanish only).

physical activity guidelines, and a manual for FoPL. Interventions included a communication campaign with the theme “Avoid excess, enjoy a healthy diet”,

a healthy recipes booklet and magnet for pre-school and elementary schools, and a FoPL information campaign using social media.



Canada - Professor Mary L'Abbé

Professor L'Abbé summarised reports and policy frameworks that aim to create healthier food environments in Canada, including the 2016 Healthy Eating Strategy,⁸⁷ a suite of policies aimed at “making the healthier choice the easier choice” and shifting from individual responsibility to the creation of a healthier food environment. She noted that some of the policies addressed updating food-based dietary guidelines; legislation to ban trans fat; sodium reduction; FoPL; and restricting marketing of unhealthy food and beverages to children. The Canada Food Guide⁸⁸ was launched in January 2019, and Health Canada provided an update⁸⁹ on the Healthy Eating Strategy in February 2019.

She highlighted a study showing that only 50% of Canadian foods sampled qualified as healthy, and noted that the foods being marketed to children were those that were least healthy. However, a ‘high in’ warning-based system for FoPL was gazetted in Canada and will be mandatory on all foods that exceed 15% of the recommended daily value of critical nutrients. The system was scheduled to come into force in

December 2022, giving manufacturers enough time for product reformulation; currently, 67% of products would have at least one FoPWL. She outlined industry pushback, including (unsuccessful) efforts to weaken the measures through the recently negotiated North American Free Trade Agreement (NAFTA), and industry domination of meetings held during the process to develop the Healthy Eating Strategy—89% of meetings on FoPL and 75% of meetings on marketing to children were initiated by non-government stakeholders, and 50%–75% of those stakeholders were from Industry.

In concluding, Professor L'Abbé noted setbacks: though Bill S-228—legislation to protect children by restricting the marketing of unhealthy food and beverages—was passed by the House of Commons in September 2018, it is stalled in the Canadian Senate, where a vote has been repeatedly delayed, apparently due to Industry lobbying. In addition, elections have been called in Canada, putting on hold both further action on Bill S-228 and advances in FoPL regulations, and the 18-month limit between Canada Gazette Part I and Part II for FoPL has been exceeded, so any new regulations will have to be re-introduced.

⁸⁷ <https://www.canada.ca/content/dam/canada/health-canada/migration/publications/eating-nutrition/healthy-eating-strategy-canada-strategie-saine-alimentation/alt/pub-eng.pdf>.

⁸⁸ <https://food-guide.canada.ca/en/>.

⁸⁹ <https://www.who.int/nutrition/topics/seminar-5Feb2019-presentation.pdf?ua=1>.

Plenary discussion - lessons from global experiences to guide regional strategies

MODERATOR: DR. JAMES HOSPEDALES, BOARD CHAIR, DEFEAT-NCD PARTNERSHIP

Discussion highlights are summarised below.

- The biggest threat to advancing in the Caribbean is health system governance and the levels of bureaucracy that must be traversed before action can be taken. Perhaps the difference in systems in Latin American countries contributes to the significant progress that those countries have made in FoPL and related COP interventions.
- Canada succeeded because it stayed on track—this is not a “one-off” effort, and there must be continued focus on what needs to be done, despite the limited resources allocated to health. Industry is aware that if it does not get on board, it will be left behind, but FBCs will continue to try and delay action.
- It is important to identify factors that will elicit support and buy-in from governments that do not give this issue priority, factors that will “reel in” these leaders. Both Chile and Uruguay were fortunate in having progressive leaders who tried to translate their election manifestos into real policy; this is not always the case in the Caribbean. A greater concern is that populism has no interest in social justice.
- In Barbados, efforts are being made to implement statements made in the government's election manifesto regarding health, including the involvement of children; the Department of Consumer Affairs is discussing adoption of a school to spread messages on NCD prevention and control.
- An important success factor is the strong technical competencies of people working in these areas. The Caribbean needs to strengthen capacity and networking, and undertake joint regional efforts. All countries will experience opposition to these measures and resource limitations, and will need to be strategic in their efforts.
- Intersectoral collaboration is crucial for success. Health is the leader, and there might be political will in the ministry of health, but that might not be the case in ministries of commerce or industry, and the divide must be bridged.
- Political will is crucial, but the pressure has to be ‘bottom-up’, from the ‘man in the street’. There must be advocacy and interventions to increase the knowledge and capacity of ordinary people, and public health advocates must engage more at that level. Parents and other members of the community need to get involved and work together more efficiently; Industry is well organised and public health must be also, building capacity and networks, and involving youth and other segments of civil society, including FBOs.
- Consideration should be given to the difference between food and nutrition, and the fact that some persons in situations of vulnerability have to strike a balance between filling stomachs/satisfying hunger and having good nutrition. The two should not be mutually exclusive, and fora such as this should be held to educate and advocate with private sector entities and “Big Food”.
- Accountability and transparency are important to inform advocacy, and greater efforts to address those issues are needed.
- Governments understand that youth can be influential, and often appeal to the youth vote in pre-election periods. It is important to have the youth perspective and that youth be meaningfully involved in efforts such as these, which target them. They are often asked to provide feedback on draft policies and plans, and do so, but the information is not used. Youth are important allies and should be involved in changing the environment, so that they can support and champion the issues, as the HSFB is doing through its COP Youth Sub-committee.
- It is important not only to develop standards, but also to make them compulsory, so that they can be enforced.
- There is need for caution in, and monitoring of, the use of the designation “organic”, since there may be “organic” junk.

“We’re not here to look pretty. We want to be involved, to understand the issues”

“There shouldn’t be anything for us, without us”

“Frustration comes from tokenism”

“We are the future! Provide the platform for us to stand and advocate with you”

Quotes from Youth Advocates



Mr. Rondell Trim



Conflict of interest and nutrition policy: spotting industry interference and managing Col

MS. RACHEL MORRISON, GHAI IN-COUNTRY COORDINATOR FOR BARBADOS AND JAMAICA

Ms. Morrison noted that Industry is in the business of making money by selling products to children, and this vested interest presents a direct Col with public health objectives. She summarised the usual areas of focus in nutrition policy: limits on what can be consumed in schools; restrictions on marketing unhealthy products in the school environment; guidelines for parents and the school administration on their roles and responsibilities; and methods for incorporating nutrition education and physical activity into school curricula.

She then highlighted opportunities for industry interference in the nutrition policy development process in the Caribbean, a process that usually involves consultations; meetings with affected stakeholders; involvement of school administrators, Parents-Teachers Associations (PTA), canteen

concessionaires and vendors; and programme funding and implementation, with multi-ministry involvement, where Industry often presents itself as an implementation partner. Ms. Morrison offered specific examples of Industry undermining nutrition policies, including the use of associations and lobby groups that are politically well-connected to influence members of Cabinet, since the Cabinet is the final body to approve the policy; provision of conflicting information on approved products to schools and vendors; sponsorship of events and school materials; back-to-school promotions; and promotion of sugar-reduced and reformulated beverages, while maintaining non-compliant versions of the products.

She suggested actions to mitigate Col in nutrition policy, including: training of those responsible prior to implementation; obtaining support from key school stakeholders, such as PTA, administrators, and vendors; limiting the influence that Industry can exert on the policy development process; and enforcement and monitoring of policy guidelines, with establishment of an M&E structure and provision of required resources. She noted that, in Barbados, HSFB has initiated work with vendors as key stakeholders in improving the school food environment.



Trade policies: barriers to, and opportunities for, implementing nutrition policies

MS. NICOLE FOSTER, LAW LECTURER/HCC POLICY ADVISOR

Ms. Foster highlighted the trade implications of the HCC's three priority policies, noting the core trade rules of the World Trade Organization (WTO) General Agreement on Tariffs and Trade (GATT)⁹⁰ that apply to guide operations within certain parameters:

- Most favoured nation treatment: GATT Article
- National treatment: GATT Article II
- Prohibition on quantitative restrictions: GATT Articles XI and XIII, which speak to international treatment, non-discrimination, and avoidance of bans
- Tariff binding: GATT Article II

She listed key WTO agreements that impact health, including the GATT, the General Agreement on Trade in Services (GATS), Agreement on Technical Barriers to Trade (ATBT), Agreement on Sanitary and Phytosanitary Measures, Agreement on Trade-related Aspects of Intellectual Property, and Dispute Settlement Understanding. GATT Article XX and GATS Article XIV allow otherwise WTO-inconsistent

measures, provided that they are necessary to protect human, animal, or plant life or health, and that the measures "are not applied in a manner which would constitute a means of arbitrary and unjustifiable discrimination between countries where the same conditions prevail, or a disguised restriction on international trade".

Ms. Foster advised that the WTO 'public health toolkit' also includes ATBT Article 2, the preamble of which recognises Members' right to implement measures to protect health at the level they consider appropriate, provided that the measures are not applied in a manner that amounts to "arbitrary or unjustifiable discrimination or a disguised restriction on international trade"; Article 2 facilitates FoPL. She noted that the ATBT went on to recognise that technical agreements should not be more trade-restrictive than necessary to fulfil a legitimate objective, taking account of the risks that non-fulfilment would imply. She exhorted participants to explore opportunities to use trade law to support restrictions on SSBs in schools by clearly defining the public health policy objective and the contribution of the proposed measure to that objective. Evidence should also be provided that there was no reasonably available less trade-restrictive alternative; that the measure was non-discriminatory; and that it had undergone due process, including participatory consultations.

⁹⁰ https://www.wto.org/english/tratop_e/gatt_e/gatt_e.htm.

Ms. Foster added that the policy could be framed in a human rights context, as a contribution to the progressive realisation of the CRC. Further, it should be framed in a way that is measurable and achievable; require a suite of tool and interventions, as opposed to a single isolated action; and demonstrate a rational connection between the specific measure(s) being implemented and the policy objective. She cited the WTO ruling in favour of plain packaging of tobacco

products in Australia as an example of what could be achieved, and provided examples of justification related to FoPL and a ban on the sale and marketing of SSBs in schools.

In concluding, Ms. Foster cited political will to take the necessary action and the preparation of carefully drafted, evidence-based policies as two critical success factors in addressing trade and health issues.

Questions and comments

MODERATOR: DR. KAVITA SINGH, NCD PROGRAMME COORDINATOR, MINISTRY OF PUBLIC HEALTH, GUYANA

The subsequent discussion noted the following:

- It is important not to take an adversarial approach to Industry in applying taxes to unhealthy commodities, since Industry is an important partner for COP, and it is possible to collaborate with FBCs and accept sponsorship when the companies produce healthy commodities. No one wants to put PSEs out of business, but greater analysis must be made of what qualifies as food; soft drinks are not food, they are not nutritious, and they are not necessary for survival.
- Mechanisms should be developed to address these issues from a WoS perspective, and consideration given to integrating actions on a more environmental level.⁹¹
- As smaller nations, Caribbean countries cannot have the same impact as larger nations such as Australia and Canada. However, in the Caribbean context, the industry players tend to be 'closer to home', not global conglomerates, and the small size of the countries can be mitigated, to some extent, by a joint regional approach.
- There are instances of small countries successfully fighting for health against Industry actors: "Big Tobacco" litigated against Uruguay, and Uruguay won; Antigua and Barbuda took the USA to the WTO, and won.

The law was on the side of these countries, and the countries had 'done their homework'. There are financial and capacity constraints, but there are also entities such as PAHO and the Bloomberg Foundation, as well as other countries, that can assist smaller nations with limited capacity.

- Trinidad and Tobago is considering the introduction of an SSB tax, which first had to be considered by the Parliament. There were competing perspectives at the level of the Cabinet, since sectoral ministers saw the issues through different lenses: the country highly values global competitiveness and economic growth in its efforts to move away from dependence on oil, but these values co-exist with values related to social inclusion and equity.
- The private sector has to be involved in these efforts, but limits must be put on the extent of its involvement, to ensure that it is consulted at certain levels, but not allowed to exert influence on the process.
- Individual Col is an important factor evident in the composition and functioning of various national boards, and processes for its identification and management need to be strengthened.

⁹¹ As suggested in Comment: Kleinert S and Horton R. Obesity needs to be put into a much wider context. Lancet 2019; 393: 724-5. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)33192-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)33192-1.pdf)

"A product should not harm my children or kill me, whether it comes from a domestic source or not"

"We sometimes forget that we are not proposing these policies on a whim, there is evidence"

Quotes from Participants





Mr. Aloys Kamuragiye

UNICEF regional response to childhood obesity

MR. ALOYS KAMURAGIYE, UNICEF REPRESENTATIVE, EASTERN CARIBBEAN

Mr. Kamuragiye outlined the UNICEF Strategy for Preventing Overweight and Obesity in Children and Adolescents in Latin American and the Caribbean, which is based on five organising principles: overarching actions to create an enabling environment; advocating evidence-based regulations and policies; targeting early life and key transitions; leveraging systems; and knowledge generation, monitoring, and reporting “what works”. He noted the evidence base for UNICEF’s work, which comprised relevant UN and WHO frameworks and guidelines, and indicated that creating enabling environments for overweight prevention involved:

- Analysis of the situation to determine the context, critical gaps, bottlenecks, and barriers;

- Development of programmatic approaches, such as targeted support to governments for policy development and prioritisation, advocacy with partners to build support for policy measures, capacity development, strategic behaviour change campaigns, South-South and triangular cooperation, holding the private sector to account, and support for evidence generation, knowledge management, and monitoring/evaluation;
- Population measures complemented by targeted interventions across the life course, involving education, health, food, social protection, and water and sanitation systems; and
- Outcomes of healthier food environments; changes in knowledge, attitudes and norms; and improved dietary behaviour of caregivers and children.

Mr. Kamuragiye noted UNICEF’s internal Programming Guidance, which provides a framework for the agency’s action at regional and country levels,

including decision-making and partnerships, and he provided specific examples of the agency's work. Several regional reports have been developed,⁹² and in countries the agency has provided advocacy and support for improved policies; promotion and support of infant and young child feeding; improvement in nutrition education and services in schools; and enhancement of diet and physical activity in early childhood development programmes. UNICEF has also provided support to revision of the CARICOM HFLE framework, national HFLE curricula, and HFLE

teacher training, and has supported knowledge generation through implementation of the Multiple Indicator Cluster Survey (MICS)⁹³ in countries.

In closing, Mr. Kamuragiye noted that the flagship UNICEF report 'State of the World's Children' for 2019 would have the theme "Children, food and nutrition: growing well in a changing world", and would be launched in October 2019.

Questions and comments

- Does school curriculum revision in the Caribbean region include restructuring the HFLE programme to include food and nutrition literacy?
- A CARICOM initiative began in January 2019 to reform the HFLE curriculum and include healthy nutrition. However, often HFLE is not taught in schools by persons trained in the subject, and it may not even be taught in the classroom, since it is not subject to examination. It teaches life skills, and there is a manual for teachers, but not enough attention is paid to it.
- Overall, there is need to re-think the approach to health and nutrition literacy—children should know more than "the six food groups" and should understand how to use the knowledge to make healthy choices.

⁹² UNICEF regional reports include:

'Exploratory study of marketing and advertisement of unhealthy food and beverages targeted to children in Latin America and the Caribbean: Synthesis report' (2015). Executive Summary available at <https://www.unicef.org/lac/media/1861/file/PDF%20Estudio%20promoción%20y%20publicidad%20de%20bebidas%20y%20alimentos%20no%20salusables-Resumen%20inglés.pdf>;

'Review of current labelling regulations and practices for food and beverages targeting children and adolescents in Latin American countries (Mexico, Chile, Costa Rica, and Argentina) and recommendations for facilitating consumer information' (2016). [https://www.unicef.org/ecuador/english/20161122_UNICEF_LACRO_Labeling_Report_LR\(3\).pdf](https://www.unicef.org/ecuador/english/20161122_UNICEF_LACRO_Labeling_Report_LR(3).pdf); and

'Childhood overweight and the retail environment in Latin America and the Caribbean: Synthesis report' (2019).

⁹³ https://www.unicef.org/statistics/index_24302.html.



Dr. Renata Clarke

FAO regional response to childhood obesity

DR. RENATA CLARKE, SUBREGIONAL COORDINATOR FOR THE CARIBBEAN, FAO

Dr. Clarke noted that nutrition is a core consideration for FAO, given that its constitution includes “raising the levels of nutrition and standards of living of the peoples under their respective jurisdictions” as one of the Organization’s four purposes. She summarised FAO’s four strategies: advocacy and governance; data and information; policy level work to support nutrition-sensitive agriculture, address trade-related issues, and link social protection with improved nutrition; and capacity development of national nutrition programmes.

Dr. Clarke highlighted important drivers of FAO’s *advocacy and governance*: the First International Conference on Nutrition (ICN1)⁹⁴ in 1992, the Second ICN (ICN2)⁹⁵ in 2014, the [UN Decade of Action on](#)

[Nutrition 2016-2025](#),⁹⁶ the Committee on World Food Security (CFS),⁹⁷ the FAO/WHO Codex Alimentarius Commission, and the [Parliamentary Fronts against Hunger and Malnutrition](#).⁹⁸ She challenged the perception that these international fora and related commitments were just “blah, blah, blah”, noting that they do change the boundaries of political thinking. She also noted that no CARICOM Member States were present at the last Codex meeting where FoPL was discussed,⁹⁹ and questioned the number of Caribbean countries that have registered to provide electronic comments through the CFS, making the point that Caribbean countries are not significantly involved in these processes, and that there is no regional grouping to represent them in the relevant fora.

She summarised work related to the other three FAO strategies:

- *Data and information* on food composition, through the International Network of Food Data Systems (INFOODS),¹⁰⁰ and nutrition assessment and food-based indicators, including dietary diversity indicators; FAO/WHO

⁹⁴ <http://www.fao.org/3/v7700t/v7700t02.htm>.

⁹⁵ <http://www.fao.org/3/a-i4465e.pdf>.

⁹⁶ <https://www.unscn.org/en/topics/un-decade-of-action-on-nutrition>.

⁹⁷ <http://www.fao.org/cfs>.

⁹⁸ <http://www.fao.org/3/CA1681EN/ca1681en.pdf>.

⁹⁹ Codex Alimentarius Commission. Report of the 45th Session of the Codex Committee on Food Labelling, 13-17 May 2019, Ontario, Canada (Rep 19/FL). Rome: FAO; 2019. http://www.fao.org/fao-who-codexalimentarius/sh-proxy/en/?lnk=1&url=https%253A%252F%252Fworkspace.fao.org%252Fsites%252Fcodex%252FMeetings%252FCX-714-45%252FFinal%2BReport%252FREP19_FLe.pdf.

¹⁰⁰ <http://www.fao.org/infoods/infoods/en/>.

Global Individual Food Consumption Data Tool (FAO/WHO GIFT);¹⁰¹ [GEMS/Food consumption database](#)¹⁰² (with WHO); Chronic individual food consumption database (CIFOCO, with WHO);¹⁰³ and [FAOSTAT](#)¹⁰⁴ food consumption data.

- *Policy support* for nutrition-sensitive agricultural policies and programmes, including national FNS policies and action plans, and national school feeding programmes and laws; CARICOM-level policies, such as the 2010 [Regional FNS Policy](#)¹⁰⁵ and the 2011 [Regional FNS Action Plan](#),¹⁰⁶ and trade-related issues.
- *Capacity development* through provision of tools, guidance, and support for the implementation of robust nutrition programmes, including nutrition education and consumer awareness; development of national food-based dietary guidelines; and going beyond the classroom to involve the whole school, families, and the community, using backyard and school gardening.

Dr. Clarke identified the main barriers to success as policy inertia; silo thinking and silo planning, which were still the norm in many countries, even within nutrition units; limited funding and resource allocation; and limited involvement of appropriate human resources, given the multisectoral and multi-institutional nature of COP. She stated that FAO's focus areas for the Caribbean during the period 2020-2021 would include better understanding of the impact of poverty and trade on nutrition; research, and release and use of evidence, data, and information; provision of tools, guidance, and support for scaling up nutrition education and consumer awareness; and establishment of a CARICOM platform for monitoring countries' actions in food and nutrition.

Dr. Clarke closed by noting that though all the FAO strategies were important, they would be useless if there were no capacity development 'on the ground', including how to use WTO rules to countries' advantage; she advised that FAO was planning to be more involved in that aspect of nutrition policy development.

Questions and comments

- The lack of policy coherence and failure to make linkages across national sectors are major barriers to success in this area. However, there is also policy incoherence at global level—what level of coherence is there among PAHO, FAO, UNICEF, and other UN agencies?
- Inadequate data, information, and facts at the policy making level are some of the barriers to policy coherence. FAO is placing emphasis on the Parliamentary Front against Hunger (PFH) in Latin America and the Caribbean¹⁰⁷ to strengthen politicians' awareness of, and involvement in, effective legislation and policies to prevent hunger and malnutrition.
- Though UN agencies are mandated to work more closely together as 'One UN', many departments in Caribbean countries are small and overstretched, with inadequate absorptive capacity. The UN System recognises that the government should be in the driver's seat, and should not allow international agencies to set the national agenda; rather, that agenda should be set by the government in a participatory manner, and presented to international agencies for support.

¹⁰¹ <http://www.fao.org/gift-individual-food-consumption/en/>.

¹⁰² https://www.who.int/nutrition/landscape_analysis/nlis_gem_food/en/.

¹⁰³ https://www.who.int/foodsafety/Food_Consumption_Data.pdf.

¹⁰⁴ <http://www.fao.org/faostat/en/#home>.

¹⁰⁵ http://www.fao.org/fileadmin/templates/righttofood/documents/project_m/caricom/CARICOMRegionalFoodandNutritionSecurityPolicy-5october2010.pdf.

¹⁰⁶ <http://www.fao.org/3/a-bs907e.pdf>.

¹⁰⁷ <http://www.fao.org/right-to-food/resources/resources-detail/en/c/1051498/>.



Panel discussion: Perspectives on overcoming barriers and accelerating nutrition policies

MODERATOR: DR. VIRGINIA ASIN OOSTBURG, ROTARY SURINAME

PANELLISTS: MR. RONDELL TRIM, YOUTH ADVOCATE, BARBADOS COP COALITION; MR. COREY WORRELL, COMMUNITY THOUGHT LEADER/ EXECUTIVE DIRECTOR, C2J FOUNDATION INC. BARBADOS; SENATOR REVEREND JOHN ROGERS, CHURCH OF ENGLAND, BARBADOS; MS. RAFFIENA ALI-BOODOOSINGH, TRINIDAD AND TOBAGO NATIONAL PARENTS-TEACHERS ASSOCIATION; AND MR. AMITABH SHARMA, SENIOR COPY EDITOR, THE GLEANER COMPANY LIMITED, JAMAICA

Stakeholders from civil society—representing youth, educators, the faith-based community, parents, and the media—presented their perspectives on this issue.

Youth – Mr. Rondell Trim

Mr. Trim spoke from his experience as an advocate for “everything that affects the health of youth”, from his initial focus on mental health to his current role as a youth advocate for HSFB. He identified challenges in getting the message across to youth, who sometimes

only “pretend to listen” or if they do listen, they disregard the message.

Mr. Trim noted that in secondary school the physical activity programme caters only to ‘athletes’, and students often opt out, predisposing to continued physical inactivity in adulthood and persistence of overweight or obesity for those already so. He stated that the HFLE system either stops in third form or does not address these issues, and that some people believe the youth themselves have little or no contribution to make in solving issues that affect them. He advised that in addressing youth issues, rather than simply telling young people what to do, explanations should be given as to why they should comply.

Community – Mr. Corey Worrell

Mr. Worrell questioned the absence of physical activity in the discussions at the meeting, and advised that there should be parallel discussions on that subject. He noted that the work of HCC and related agencies, which involves communities and discipline, seemed to run counter to the current culture, which he characterised as “‘instanty-ism’ and self-gratification”; how could the culture be changed?

Mr. Worrell stated that the image of healthy eating often involves “green stuff”, vegetarianism, and “bad-tasting stuff”, while mention of healthy people evokes

images of “body builders and well-shaped women”. He noted that for many, the benefit of health is perceived to be looking good—in Barbados, “gyms are full” in the period leading up to the Crop Over festival—and suggested that health advocates take these perceptions into account in planning their messages and interventions.

Faith-based community – Senator the Reverend John Rogers

Senator the Reverend Rogers indicated the need for the society as a whole to be considered in these interventions, not only children, since the children’s plight has implications for all. He noted that poverty today is different than before—persons may still have some means, but may be using those resources to make unhealthy choices. He opined that an ideological shift is needed in the region regarding perceptions of food and self; religion can continue to play a role in advocacy for healthy nutrition policy, including examination of portion sizes related to unprocessed, as well as processed and ultra-processed, foods.

Parents – Ms. Raffiena Ali-Boodoosingh

Ms. Ali-Boodoosingh informed that the National PTA of Trinidad and Tobago has existed for 59 years, was made a legal entity through an Act of Parliament, and was involved in decisions that impact childhood obesity. She affirmed the basic right of children to have good nutrition to be successful adults, and noted the influence that parents exert on children’s food choices.

She referred to the need to place food security high on the Caribbean agenda, with backyard gardening and agriculture as important factors. Barriers included some parents’ constrained buying power and the convenience of fast food, while success factors included robust school-feeding programmes, with education of teachers and children, and encouraging teachers to act as role models. The PTA has a vital role in the achievement of health-promoting schools.

Media – Mr. Sharma

Mr. Sharma noted his work with the HFJ to sensitize media through the Caribbean School of Media and Communication ([CARIMAC](https://www.carimac.com/)).¹⁰⁸ He noted that traditional

media has changed over the past few years, with billions of users now on social media platforms, and that “the attention span of current users is 280 characters”. He recommended a re-examination of the role of media, indicating that for any policy decision to be made and communicated, social media is a force to be taken into consideration—“everybody is a publisher”. The failed 2017 “[Fyre Festival](https://en.wikipedia.org/wiki/Fyre_Festival)”¹⁰⁹ was cited as an example of the power of social media influencers.

In closing the panel discussion, the Moderator asked panellists to respond to the question: “What is one concrete recommendation for policymakers that you want to leave with this meeting?” Responses were:

- Take a multisectoral approach, and hear everyone’s voice.
- Make healthy food cheaper, rather than just making unhealthy food more expensive.
- Ensure an effective flow of information and collaboration across all stakeholders, and initiate a change of perception and behaviour from the home environment.
- Involve youth among key stakeholders.
- Ensure a “bottom-up” push to action, and encourage FBOs to engage more with their members on these issues.

¹⁰⁸ <https://www.carimac.com/>.

¹⁰⁹ https://en.wikipedia.org/wiki/Fyre_Festival.

Questions and comments

- There is a certain accepted body image constructed by society, perpetuated by corporate entities, and supported by the media; perhaps the battle needs to involve social media versus corporate media.
- Inclusion of a gender perspective and the role of women is important, since women are making household decisions and dealing with children at school.
- Despite the talk of multisectoral approaches, other sectors, such as trade and agriculture, sometimes find the health sector reluctant to engage with them and unwilling to accommodate a conversation that takes other sectoral perspectives into consideration in the policymaking process.
- Health-in-all-policies (HiAP)¹¹⁰ is a critical approach, and ministries of finance and urban planning, for example, are also significant contributors to health. It is important to remember that government is more than the ministry of health, and that the perspectives of both public health and other sectors can find common ground.
- Practical and socioeconomic issues must so be taken into consideration. There is a “microwave culture” and not everyone has the time to cook every day. In addition, some healthy foods and beverages are more expensive than unhealthy ones.
- All FBCs are not the same, and they should not all be put in the category of “bad guys”; strategies should be implemented, including incentives and disincentives, for them to cooperate in the production and provision of affordable healthy options.

¹¹⁰ <https://www.who.int/healthpromotion/frameworkforcountryaction/en/>.



Wrap-up of Day 1

MR. ANDREW DHANOO, PRESIDENT, DIABETES ASSOCIATION OF TRINIDAD AND TOBAGO

Mr. Dhanoo noted the valuable sharing of perspectives from various countries and sectors, and the diverse age groups represented in the meeting. He opined that “we’re on the right track” in advocacy for policies to elicit population-wide change, and undertook to make his summary on the morning of Day 2.

SESSION SUMMARIES - DAY 2



Recap of Day 1, introduction to Day 2

DR. CARLENE RADIX, HCC DIRECTOR/HEAD, OECS HEALTH DESK

Dr. Radix provided highlights of Day 1, noting that though the agenda was packed, it was very informative. She reminded the participants of the Minister of Health and Wellness' military metaphor for the battle against childhood obesity, noting that the enemy is everywhere, including on school materials, and often in disguise, taking advantage of "instant-ism" and the "microwave and self-gratification culture".

Dr. Radix further noted that:

- The group of participants was very diverse, and all can play a part in knocking on the door of policyholders to make a difference.

- Food was not the enemy, since it was necessary for survival. However, there may be items sold as food that were not essential for survival.
- Essential battle strategies included a regional approach and private sector involvement, since not all PSEs were the same; however, management of Col was critical, and caution must be exercised in giving brand loyalty to unhealthy products.
- When governments and health advocates knew the enemy, united around a common purpose, determined confluence of interest, and understood the rules and laws, it was possible to fight the enemy and win. Despite limited means, there were resources available through international partners, especially for the most vulnerable.

- The issue of international frameworks being so much “blah, blah, blah” was one perspective, but these frameworks were important to the marathon that was COP, and they helped to build the momentum.
- “Bottom-up” and WoG approaches were crucial for success, as was the involvement of youth, who insisted that policies for them should not be developed without their involvement.
- The flow of information was important, and UN agencies were “put on spot” about the status of their own interagency collaboration.
- There were many tools available for policy development, with justification for their use and evidence of their effectiveness.
- FoPL was a “no brainer”; Industry had been using it for years, and if they were able to use it to market their products, Health should be able to use it to inform and warn people about the contents of their food.
- SSB taxation was a case of not reinventing the wheel, since there were many lessons to be learned from tobacco taxation. Evidence demonstrated that excise and per unit taxes were effective; that there must be inclusivity of products to avoid substitution; and that the minimum tax level must be 20%.
- Based on rights-based and equity approaches, governments had an obligation to protect the health of children, including through bans on the marketing of SBs to this vulnerable group, particularly in the school setting.

In closing, Dr. Radix highlighted the power of social media and noted that although SSBs were said to be “low cost”, in the long run they were really high cost, given their negative impact on health. She reminded that there was need for discipline and incremental changes to create momentum, based on a moral imperative to act. She looked forward to hearing of regional examples and reading the Call to Action – this day would decide how the gathered group would ACT NOW.

MR. ANDREW DHANOO, PRESIDENT, DIABETES ASSOCIATION OF TRINIDAD AND TOBAGO

In his delayed ‘wrap-up’, Mr. Dhanoo used an online [Jeopardy](https://www.jeopardy.com/)¹¹¹-style quiz game called [Factile](https://www.playfactile.com/)¹¹² to test the knowledge of teams of participants on selected information presented or discussed on the previous day. Teams were asked to register to play using the link [playfactile.com/join](https://www.playfactile.com/join)¹¹³ and respond to questions on the following topics: the size of the problem; the evidence behind commitments; and global experience. The first team to click on the button and respond correctly received the amounts of “money” indicated, and the team with the most money at the end of the game was the winner.

Participants were very active and competitive during the enjoyable 10-minute game, and the Moderator of the morning session, Dr. Damian Greaves, Chair, Grenada NNCD, challenged Mr. Dhanoo and the HCC to create similar games targeting young people.

HCC advocacy for nutrition policies

MS. MAISHA HUTTON, EXECUTIVE DIRECTOR, HCC

Ms. Hutton prefaced her presentation by noting that it was important for the young people at the meeting to leverage the opportunity to liaise with international participants and determine how best to advance mutual interests. She summarised the work of the HCC in COP, including the development and implementation of the HCC CSAP 2017-2021 for COP, stating that though the Action Plan addressed physical inactivity, this meeting was focusing only on nutrition policies related to the CSAP Key Policy Asks.

Ms. Hutton acknowledged that the HCC has succeeded in implementing key elements of its regional COP CSAP through working closely with partners such as other CSOs, CARICOM, governments, Chief Medical Officers, CARPHA, UWI (including the UWI Open Campus), and the Caribbean Development Bank (CDB). She also acknowledged global partners, including GHAI, the NCD Alliance, WOF, and the World Cancer Research Fund International, and thanked PAHO for

¹¹¹ <https://www.jeopardy.com/>.

¹¹² <https://www.playfactile.com/>.

¹¹³ <https://www.playfactile.com/join>.

supporting the participation of colleagues from Chile and Uruguay.

Ms. Hutton summarised HCC's approaches of awareness, capacity building, and advocacy; coalition building; accountability; and high-level advocacy, and provided examples of each.

- *Awareness, capacity building and advocacy.* This included establishment of the HCC COP Portal, which includes country obesity fact sheets and provision of school-based information through the 'My Healthy Caribbean School'¹¹⁴ platform, which is based on a similar initiative by *El Poder del Consumidor*,¹¹⁵ a CSO working in obesity prevention in Mexico. Ms. Hutton noted that the majority of CSOs were service delivery-oriented, but HCC has worked to build capacity for advocacy among both CSOs and youth. Regarding youth involvement, she noted that this was one of HCC's priorities, and cited the 2018 Beyond the Call to Action Event as a prime example. HCC has also developed infographics promoting FoPWL using the 'high in' system, to facilitate regional advocacy.
- *Coalition building.* Realising that coalitions can amplify individual voices, HCC has worked to build coalitions around COP, which currently include the Cancer Society of the Bahamas Healthy Lifestyle Team (*HaLT*),¹¹⁶ the Belize Cancer Society Childhood Obesity Prevention Alliance (COPA), and the Barbados Childhood Obesity Prevention Coalition. HCC has also worked to build the capacity of NNCDs through development of an NNCD portal, establishment of a network of NNCD chairpersons, and, for selected countries, implementation of NNCD study tours to Barbados and in-country visits by the Barbados NNCD Chair and Executive Director.
- *Accountability.* The Childhood Obesity Prevention Scorecard (COPS) was used to track progress in policy and legislation development for population level impact, and complement the CSAP. Copies of these instruments from the respective countries were posted on the COPS

platform, providing models for others. The HCC's industry mapping and consideration of Col issues, including development of a draft Col policy, were also important contributions to accountability.

- *High-level advocacy.* This included HCC's open and congratulatory letters to HoSG and Ministers of Health, and participation in high-level meetings; the HCC President participated in the First UN High-level Meeting on Universal Health Coverage on 23 September 2019. HCC also worked to identify and promote "champions" at political and community level who can advocate on various topics in local and international fora.

In closing, Ms. Hutton presented a draft outline of the Call to Action that would be a key outcome of the meeting, and asked participants to consider various aspects of the outline, including the title, structure, length, and target of the CTA. She emphasised that the CTA would not represent individual or organisational commitment, though the language would be inclusive and reflect the diversity of those present at the meeting.

Ms. Hutton then asked Ms. Jenna Thompson, HCC Advocacy Officer, to outline the HCC initiative to monitor the food and beverage industry.

¹¹⁴ <https://www.healthycaribbean.org/cop/my-healthy-school.php>.

¹¹⁵ <https://www.consumersinternational.org/members/members/el-poder-del-consumidor/>.

¹¹⁶ <https://www.facebook.com/Healthy-Lifestyle-Team-HaLT-Bahamas-2383530805005918/>.

YOU HAVE THE RIGHT TO KNOW

DO YOU
REALLY
KNOW WHAT
YOU ARE
DRINKING?



FRONT OF PACKAGE WARNING LABELS
HELP YOU MAKE
HEALTHIER CHOICES



A sample of the HCC - developed infographics promoting FoPWL

Caribbean focus - monitoring the food and beverage industry

MS. JENNA THOMPSON, ADVOCACY OFFICER, HCC

Ms. Thompson described some of HCC's activities in mapping activities by FBCs, noting that the HCC Secretariat, using social media sources, was

developing a newsletter that aimed to increase awareness, encourage health-supporting action by FBCs, and build advocacy capacity among CSOs. The newsletter would describe FBC actions linked to public policy, corporate social responsibility, and marketing to children, and would include specific examples of relevant Industry action. The mapping of these cross-cutting issues would also raise issues related to the identification and management of Col.



CROSQ: current status of regional process for revised nutrition labelling

MS. CHERYL LEWIS, HEAD, BARBADOS NATIONAL STANDARDS INSTITUTE (BSNI) AND ALTERNATE REPRESENTATIVE TO THE REGIONAL SUBCOMMITTEE, CROSQ

Recounting the Caribbean experience in moving towards FoPL and revision of the *Caribbean Regional Standard (CRS) 5—Specification for labelling of pre-packaged foods* to include FoPL, Ms. Lewis informed that a Regional Technical Subcommittee (RTSC) was established in May 2018 to undertake the work. The

RTSC comprised representatives of 11 CARICOM Member States,¹¹⁷ including health personnel, regulators, and industry professionals. Barbados was the current Chair of the RTSC and Suriname provided the Secretariat, with meetings held principally through an online platform.

Ms. Lewis noted that the RTSC began working in August 2018, and in revising the CRS 5, the specification has been updated to meet the requirements of the 2018 Codex Alimentarius Standard for labelling pre-packaged foods and to incorporate FoPL. The selected system uses the black octagon 'high in' FoPL with criteria for defining products excessive in the nutrients of concern, supported by a nutrition facts panel. She noted that some objectors do not like the

¹¹⁷ Antigua and Barbuda, The Bahamas, Barbados, Dominica, Guyana, Haiti, Jamaica, St. Kitts and Nevis, St. Lucia, Suriname, and Trinidad and Tobago.

warning label, arguing that it tells people to stay away from their products, while others ask the reasons for selecting the colour black and/or the octagonal shape.

Ms. Lewis noted that a working draft with the FoPWL was developed and sent to RTSC members for comments, and national mirror committees were established in CARICOM Member States to develop national positions on the draft standard. The RTSC incorporated comments and disseminated an amended draft to countries as a Draft CARICOM Regional Standard; 14 Member States provided comments, which were incorporated.

She identified several challenges to the process, including the availability of members to participate in online meetings; access to funding for face-to-face meetings; arriving at consensus on FoPL, which proved to be the biggest test; and the possibility of shifting FoPL requirements to a Nutritional Labelling Standard based on comments received from two Member States. She outlined next steps:

- Completion of the disposition of comments
- Update of the Draft CARICOM Regional Standard to a Final Draft CARICOM Regional Standard
- Dissemination of the Final Draft CARICOM Regional Standard to Member States for acceptance by December 2019

- Submission to the CROSQ Editorial Committee for editing and to the CROSQ Technical Management Committee for validation of the process
- Submission of recommendations to the CROSQ Council in early 2020
- Submission to COTED for approval, proposed for April 2020

Ms. Lewis indicated that these timelines would give manufacturers a chance to reformulate their products, and after approval of the Standard, Member States would be expected to adopt it nationally—ideally making it mandatory—with development of relevant administrative structures, including legislation and regulations. Other recommendations included the proposed joint COTED-COHSOD meeting; special engagement with the private sector in each Member State to present evidence supporting the 'high in' warning label; extensive public education and awareness campaigns to garner support from consumers; and meetings at national level between Ministers of Health and Trade/Commerce.

In closing, Ms. Lewis reminded participants that the ultimate goal is to move consumers from “which product should I choose?” to understanding which are HFSS products, and choosing healthier options.



Questions and comments

- Was the Chilean FoPL model ever pilot-tested in the Caribbean to determine cultural acceptability and its impact on regulation? Jamaica is conducting a survey to decide among six different models, and the lack of pilot-testing in the region is one of the biggest critiques from an umbrella association of PSEs in the country. Also, how will the preferred model impact the CROSQ process and the regional regulatory impact assessment?
- A number of Caribbean countries have been selected to be pilots for the FoPL standard, including Barbados and Jamaica, but implementation is pending; however, demographic research has been done on the Chilean model, and it is the one being recommended by PAHO.
- Any decision regarding mandatory status for the standard in various countries has to be taken by the respective national authorities.
- It is not essential for a survey to be done in the Caribbean before the region takes steps to protect its children—the region should not refuse to accept well-researched and documented evidence from elsewhere. Caribbean countries have commitments and obligations: all CARICOM Member States have endorsed the WHO guidelines on marketing unhealthy foods to children, and all have ratified the CRC—health advocates need to remind governments about these commitments. Engagement in the process of revision of the FoPL standard is very important, despite challenges with the process; Industry is always represented in such fora, but Health is not always there to highlight its position, so that key opportunities are lost, since no one presents on behalf of Health.
- FoPL is the most important aspect of the CARPHA 6-Point Policy Package, which is one of the reasons that Industry is resisting this policy so strongly. There should be involvement of CARICOM entities other than CROSQ in the development and implementation of policy related to FoPL, such as the Office of Trade Negotiations, and M&E arrangements must be put in place.
- The current standard does not require nutrition facts on the label unless there is a health claim, but this is being addressed in the revised standard, which will recommend that nutrition facts be included.
- A related issue is that some pre-packaged foods, including snacks, have no labels.
- Advocacy at the political level is critical, since this initiative will not advance without political will and approval, and the initiative should be uniform across the region, with advocacy to the HoSG to make the standard compulsory at national level. If this not so, the FBCs will “divide and conquer. This is a very important factor and needs urgent attention—an encouraging factor is that the Prime Minister of Barbados is a Champion for COP, and can be asked to advocate to her fellow HoSG on this matter.

- Political will has long been identified as a critical factor in policy development. What is the role of agencies like HCC in holding policymakers accountable? Who is responsible for public education to counter the FBCs?
- The Caribbean is poised to make a difference in the world and though some may argue that no actions should be taken until there is certainty that the proposed actions would work, there is no evidence that the actions would not work in this region. It is important to take the recommended steps, based on available evidence; a study has been completed in Suriname, and the preliminary results are encouraging, but perhaps someone will say that since Suriname is not an island, the study needs to be done in an island—these are delaying and self-defeating tactics.
- Industry and others also argue that the Caribbean region is too small to justify the changes requested of FBCs, and the cost of revising labels. However, FBCs make changes to labels for Christmas and other celebrations to promote their products, so that argument can be easily countered.
- Actions to be taken should include the identification of champions who can advocate at the level of Parliament and Cabinet to advance the process. FBCs know very well that FoPL has been effective in Chile and Uruguay, and are trying to stop similar action in the Caribbean region.
- Information from high-level international meetings is often not disseminated at the national level, including to technical persons who need to take relevant action.
- In Barbados there is a National Youth Parliament which can debate the issue and adopt a resolution supporting action; this resolution can be presented to politicians as a contribution to high-level advocacy. The Youth Parliamentarians are members of various youth groups and can be champions for the cause. The Barbados National Youth Parliament participates in the Caribbean Youth Parliament and can network with similar groups from other Caribbean countries to provide support from Caribbean youth.
- The number of comments on FoPL indicates the importance of this issue. The CROSQ process is to be commended for its relative efficiency, since issues like this can sometimes take years to complete. Once 67% of CARICOM Member States agree, the standard will be passed. Standards are usually voluntary, and countries will have to develop and enact supporting legislative frameworks—imports from other CARICOM Member States will have to comply with the approved standards.
- The revised CARICOM standard is still in draft, and those who did not review it before can do so and provide comments in October–November 2019 through the national mirror committees. CSOs should call the national bureau of standards in their respective countries and offer themselves for membership of, or provide comments to, the national mirror committee.

Caribbean and other regional experiences in advocacy for mandatory FoPWL

MODERATOR: DR. ELISA PRIETO, ADVISOR NCDs AND MENTAL HEALTH, PAHO SUBREGIONAL PROGRAMME COORDINATION-CARIBBEAN

PANELLISTS: MS. JUANITA JAMES, DIABETES ASSOCIATION OF ANTIGUA AND BARBUDA; MS. VONETTA NURSE, HFJ; AND MR. LUIS GALICIA, URUGUAY

The panellists shared experiences from their respective countries.



Antigua and Barbuda - Ms. Juanita James

Ms. James provided perspectives from her participation in the national mirror committee for the revision of CRS 5. She noted that standards in most Caribbean countries were not mandatory, and the same applied to Antigua and Barbuda, where there were mainly distributors and agroprocessors, and little dissemination of information on the revision of CRS 5 and FoPL. In 2016, the Antigua and Barbuda Bureau of Standards and the Inter-American Institute for Cooperation on Agriculture (IICA) conducted a capacity-building workshop for agroprocessors on product labelling and standards for the labelling of pre-packaged foods, including nutrition fact panels.

Ms. James noted that the national mirror committee reviewed and commented on the Draft CARICOM Regional Standard disseminated by CROSQ, and at a half-day national consultation on the matter, no decision was reached on the preferred model for FoPL, given concerns about the cost of new labels and the fact that most pre-packaged foods in Antigua and Barbuda are imported. She identified challenges in the process at national level, including time constraints for the national consultation; inadequate preparation of participants; inadequate provision of evidence to inform a decision on the preferred FoPL model; and a request to postpone FoPL in the current review of standards for the Labelling of Pre-packaged Foods. However, she noted that this last was not in keeping with the 2018 CARICOM HoSG position, and that FoPL

would support other policies to reduce SSB intake and address COP.

Ms. James identified HCC's provision of information for use in technical committee meetings to support the 'high in' model as an advantage, and noted other opportunities, including sharing the HoSG's mandate on FoPL with key stakeholders; increasing their awareness of regional efforts to revise CRS 5 and incorporate FoPL; and advocating for other priority COP policies.

She also made recommendations to improve the national process, including earlier dissemination of the Draft CARICOM Regional Standard to facilitate stakeholder review prior to the national consultation; convening a full-day national consultation to allow more time for overview and discussion; keeping ministers and other stakeholders informed; and increasing public awareness, building public support, sharing evidence and experiences, and soliciting the public's views on nutrition labelling and FoPL.



Jamaica - Ms. Vonetta Nurse

Ms. Nurse's perspectives were based on the HFJ's experiences as a participant in the GHAI advocacy project, which has policy priorities of SSB taxation; FoPL; marketing of SBs to children; and support for healthy foods in schools, and as a member of the Jamaica National Labelling Technical Committee/Mirror Committee. She advised that Jamaica adopt the original CRS as *Jamaican Standard JS CRS 5:2010—Jamaican Standard Specification for the Labelling of Pre-packaged Foods*; that nutritional labelling (facts panel) is mandatory for foods and beverages where a health claim is made, but is otherwise voluntary; and that various labelling formats are used, with many imported products on the market.

Ms. Nurse chronicled HFJ's activities and successes related to the CRS 5 revision process, including provision of comments and evidence-based justification; education and sensitisation, including at the important 'grass roots' level, since everyone has a right to know what he/she is eating; and soliciting support from Committee members for the HFJ's position that FoPL should not be shifted from the current revision of CRS 5 to the Nutrition Labelling Standard, which is seen as a delaying tactic.

She noted that, through lobbying, an Industry representative was the delegate from Jamaica to the CROSC RTSC, and identified ongoing industry opposition to FoPL, based on arguments that it will be "hard on small companies"; possible trade

implications; alternative science; and preferences for systems other than the 'high in' FoPWL. However, Ms. Nurse presented evidence-based counter-arguments, while voicing concerns about the dominance and overrepresentation of Industry in the negotiations, and expressing the need for a balanced representation of stakeholders on various committees and boards.

Ms. Nurse indicated that a mass media campaign was an output of the GHAI project, fortuitously allowing HFJ to advertise and counter Industry misinformation and arguments. The results of a post-campaign survey showed that 92% of persons support FoPL, and 80% strongly agree with FoPWL as a contributor to obesity reduction.

She offered recommendations to strengthen the national process: understand the standards development process; participate, and encourage balanced stakeholder participation, in relevant committees, boards, and meetings; maintain partnerships with key groups and stakeholders; show up and provide evidence; undertake public education; and strengthen counter-arguments, using evidence.

In closing, Ms. Nurse noted that health advocates should engage with the national processes, and can often participate virtually; capacity-building in general standards development, not just for FoPL, was critical, since many standards affect health; and there must be advocacy with COTED, the "grass roots", and youth.



Uruguay - Mr. Luis Galicia

Mr. Galicia described the development and implementation of Decree No. 272/018 for FoPL in Uruguay, noting that changes in social norms would be important for reductions in unhealthy diets, mirroring the changes in social norms that have resulted from Uruguay's very progressive tobacco control. He noted that while Chile spent almost 12 years trying to advance regulations for stricter thresholds for critical

nutrients, Uruguay took two years to approve the measures, with 18 more months for them to enter into full force.

Mr. Galicia stated that the objective of the Decree was to provide objective information to the population through a simple and accessible tool that allows the identification of packaged foods with excessive content of critical nutrients, focusing on those associated with the development of obesity and NCDs. He identified

success factors as framing the policy in a manner least restrictive to trade, and aligning it with a rights-based agenda, and summarised the process, which included:

- Establishment of an intersectoral working group, which convened and began work in 2016.
- Collection and analysis of evidence—the University of the Republic developed the evidence, and PAHO supported analysis.
- Identification of critical nutrients and thresholds to define excess, based on WHO and FAO recommendations and thresholds from the PAHO NPM.
- Selection of the FoPL graphic system, based on literature and legislation review of available systems, national studies, and an opinion survey. The decision was made to use the 'high in' black octagon system; however the graphic includes 'excess' ('exceso'), rather than 'high in' ('alto en').
- Development of the draft Decree.
- National and international consultations, including with the public, 90% of whom supported the measure. There was also support from the Ministers of Health of the Southern Common Market (MERCOSUR),¹¹⁸ of which Uruguay is a member, and from the Healthy Latin American Coalition (CLAS),¹¹⁹ an alliance of NGOs working in NCD prevention and control in that region.
- Adjustment of the nutrient profile model criteria to be less stringent than those in the PAHO NPM and allow for phased reformulation, and provision of a longer timeline for implementation. Meetings were held with Industry technical

advisors in June 2019 and a request made for information on the formulation of their products currently and in February 2020. If companies fail to provide this information by February 2020, their products will be removed from the market.

- Approval of the Decree (August 2018) and submission of the Bill to Parliament. A manual for the implementation of the Decree was published, and the legislation will come into full force in March 2020.
- Initiation of implementation of the Decree, and creation of an M&E framework. Monitoring includes identification of products with excess critical nutrients; critical categories and products; provision of M&E guidelines at the point of sale; chemical analysis of products; and enforcement and penalties. Evaluation will assess product reformulation and marketing strategies; population knowledge, attitudes, and purchasing behaviour; and population-based nutrient intake and nutritional status.

Mr. Galicia noted challenges to the process, including a lawsuit filed in the Administrative Contentious Court; a request for timeline extension by the food industry and the retailers' association; a specific trade concern presented at the WTO ATBT Committee by Colombia, the USA, and the European Union; and alignment with both MERCOSUR standardisation (which has been under discussion since 2011) and the Codex guidelines on FoPL. He noted that, like other small nations, Uruguay does not have the resources to participate in Codex face-to-face meetings, but assistance can be requested from agencies such as PAHO and UNICEF.



¹¹⁸ <https://www.mercosur.int/en/>.

¹¹⁹ <https://www.paho.org/hq/dmdocuments/2011/Latin-American-civil-society-declaration-press-release.pdf>.

Questions and comments

- Regarding the experience in Uruguay: Why was there an adaptation of the PAHO NPM to permit higher thresholds for salt and sugar content in product reformulation? The perception is that industry will continue to challenge FoPL, so how will this be addressed? Will strategies include science-based M&E? Also, what is being done about artificial sweeteners?
- In applying the PAHO NPM to a sample of products in Uruguay, it was found that most would have a warning label, and this was one of Industry's complaints. With the NPM adaptation and new thresholds, only 60-70% of the products would have a label, so this constitutes a first step; the next step would be reformulation to reach the PAHO NPM thresholds. There is coordination with academia to conduct annual research on various issues including food consumption and purchase. A warning label was developed regarding artificial sweeteners, but the trade and industry sectors commented that the content was already on the label, so the specific warning label was not implemented.
- Countries use artificial sweeteners in reformulating products, but in Jamaica the HFJ discourages the use of these sweeteners in its community outreach, based on guidelines from the American Heart Association and from the Ministries of Health and Wellness, and Education.
- The fact that most products are imported in some countries may provide opportunities for local companies to increase their production and market share in efforts to reduce imports. In Uruguay, the use of stickers on imports is allowed, though Industry has complained about even that, saying that there are not enough printers to produce the stickers.
- The process seems very long and complex, and the State should be involved. How can this be done in countries where governance is poor and resources are very limited? How does the region collaborate with a country such as Haiti, given the language difference?
- CROSQ engages with Haiti, which does have a fledgling national standards bureau.
- Industry has infiltrated the psyche of Caribbean people and health needs to do the same, determining and disseminating the nutritive value of Caribbean foods and developing a Caribbean food pyramid based on scientific knowledge.
- For true impact, NGOs that address consumer education must be involved, and this one of main reasons why the National Consumers' League of Jamaica has partnered with the HFJ. The importance of labels was demonstrated at a stakeholder meeting where water bottles without labels were put on tables and participants told that they contained bleach—no one took the risk of drinking from them.
- The level of literacy of the population is an important factor in marketing.
- Barriers to the participation of Caribbean nations in international policy fora should be determined and strategies developed to overcome them.

Caribbean experiences with bans or restrictions on sweet beverages in schools

MODERATORS: MS. KRYSTAL BOYEA, HEALTH ADVOCATE/PATIENT EXPERIENCE PROFESSIONAL, THE LIVING COLLECTION INC. AND MR. PIERRE COOKE JR, YOUTH TECHNICAL ADVISOR, HCC

PANELLISTS: MS. CECILIA RAMIREZ SMITH, DEPUTY CHIEF EDUCATION OFFICER, MINISTRY OF EDUCATION, BELIZE; MS. FRANCINE CHARLES, PROGRAMME MANAGER, HSFB; DR. SIMONE SPENCE, DIRECTOR OF HEALTH PROMOTION AND PROTECTION (AG.), MINISTRY OF HEALTH AND WELLNESS, JAMAICA; MS. YVONNE LEWIS, DIRECTOR, HEALTH EDUCATION DIVISION, MINISTRY OF HEALTH, TRINIDAD AND TOBAGO

Ms. Boyea and Mr. Cooke introduced themselves and asked participants to engage in the conversation from the perspective of youth; the panellists recounted experiences in their respective countries.



Ms. Cecilia Ramirez Smith

Belize - Ms. Cecilia Ramirez-Smith

Ms. Ramirez-Smith noted that there had not been a forum in Belize for all the stakeholders to meet and discuss this issue, but the 2011 GSHS in that country showed that 12.6% of girls and 12.5% of boys 13-15 years old were obese, with overweight and obesity among adolescents at, respectively, 34% and 32%. She indicated that the Cabinet recently approved a ban on unhealthy foods in Belizean schools and a gradual approach is being taken, over two to three years, to enact legislation, develop an implementation

plan, and take actions to promote healthy nutrition in schools. Activities included stakeholder consultations; implementation of a communications/marketing strategy to strengthen leadership and organisational practices; promotion of healthy foods aligned with the National Menu for School Feeding Programmes; and discouragement of the sponsorship, promotion, or marketing of SSBs and unhealthy foods on school premises, and at school events and sporting activities.

Ms. Ramirez-Smith indicated that the groundwork has already been laid, in that Belize has acceded to many

of the relevant regional and international agreements, but those commitments have not “trickled down” from the political level. In 2016, the Ministry of Agriculture approached the Ministries of Health and Education to sign a memorandum of understanding based on the realisation that work with small farmers was becoming a challenge. The farmers were aging, and the Ministry of Agriculture wished to spark interest in agriculture among school-aged children.

She noted other multi-sectoral initiatives, such as the National Sustainable School Feeding Technical Committee, the National FNS Commission, and discussion of FoPL; at the school level, there were school gardens, which supported school-feeding programmes and were used as a teaching tool, adopted from the Brazilian model; a National Registry for School Feeding and School Gardens; and the National Menu for School Feeding Programmes. The National Menu is a 5-week menu schedule with options for daily food preparation to ensure healthy food that satisfies the ethnic diversity in the school population; it is not yet mandatory, but work is being done to ensure that it is used in all schools. Ms. Ramirez Smith also noted that the Government of Belize funds only a small proportion of these programmes—most funding comes from the schools themselves and their communities.

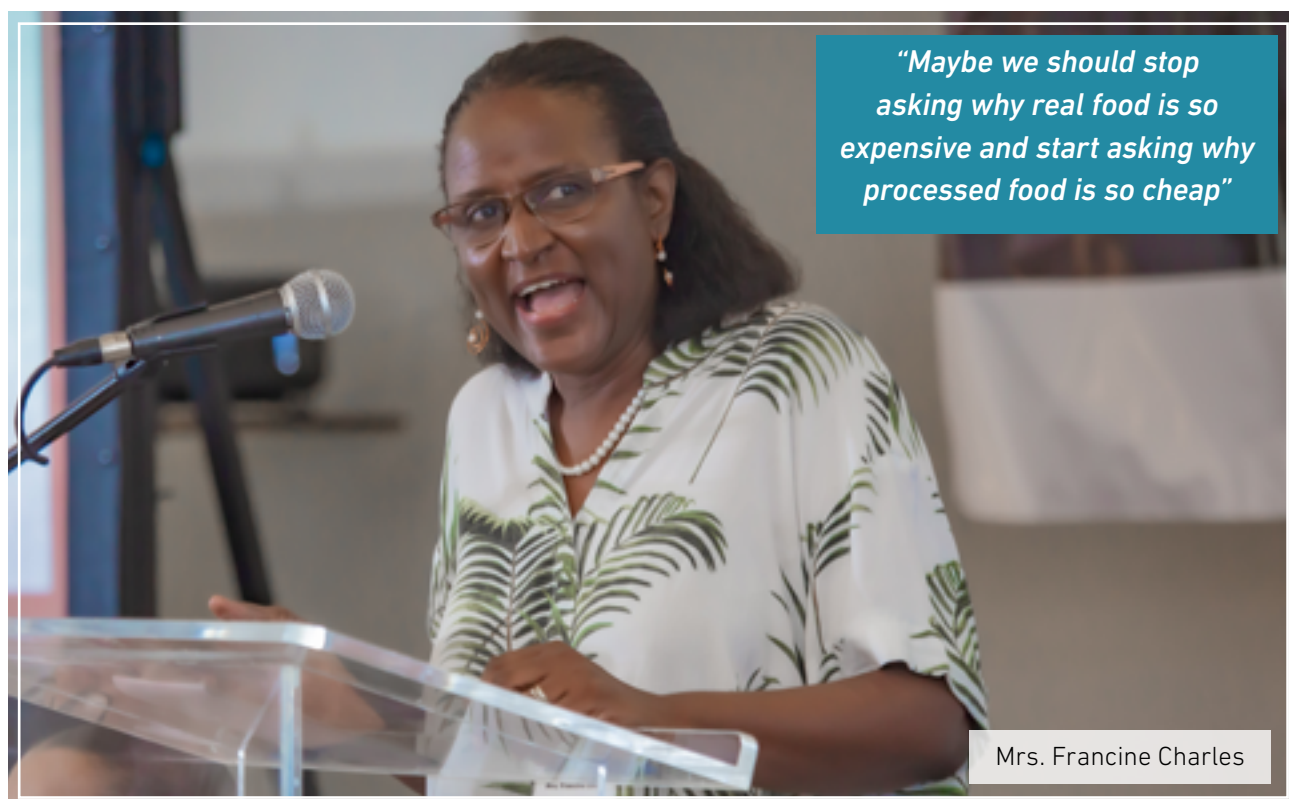
She indicated that at parliamentary level, there was a bipartisan Belize Parliamentary Alliance against Hunger and Malnutrition (BPAHM)¹²⁰ that explores legal and sustainable frameworks and financial structures, including national budgets, and provides guidance to technical committees. These efforts were supported by international partners such as FAO, PAHO, UNICEF, Mesoamerica Hunger-free, and the Mexican Agency for International Development Cooperation (AMEXCID).

Ms. Ramirez Smith outlined a blueprint for creating supportive environments for healthy children:

- Develop nutrition legislation, regulation, and policies; monitor and evaluate programmes and interventions
- Identify funding to support at least one healthy meal per child in all Belizean schools
- Consider effective tax measures on SSBs and unhealthy foods (however, at this time additional tax measures were unlikely, since general elections were imminent)
- Eliminate, gradually, the sale of unhealthy foods and SSBs in schools
- Advance the FoPL discussion
- Undertake professional development of teachers regarding NCDs, school feeding and gardening, and physical education

In closing, Ms. Ramirez Smith noted that there would likely be strong opposition from commercial and political interests, and that advocacy and public education on nutrition literacy would be important success factors; this meeting had given her some ideas on how to address these issues.

¹²⁰ <https://www.agriculture.gov.bz/launching-of-the-belize-parliamentary-alliance-against-hunger-and-malnutrition/>.



Barbados - Mrs. Francine Charles

Mrs. Charles outlined the second phase of the HSFB COP campaign advocating for policy change that began in February 2019, calling on policymakers to ban or restrict the sale and advertising of unhealthy food and beverages, especially SSBs, in and around schools in Barbados. She noted that the campaign was bolstered by the Barbados COP Public Opinion Poll conducted in 2018, which showed strong support for policies that would create a healthier school environment: 88% understood and were concerned about the issue; 99% wanted the government to take action; and 92% supported FoPL.

She summarised the HSFB strategies: building public support, building a civil society voice, and building the case; HSFB engaged the support of 11 policy champions to advocate among, and educate, their circles of influence and the public. She mentioned support from Vital Strategies for the first phase of the media campaign, which had the slogan "Stop, Yuh Too Sweet" and support from PAHO and the Barbados NNCD for this second phase, which had the slogan "Switch It Up—Protect Our Children". Ms. Charles noted

that children knew the slogans, and policymakers were hearing them as well; she lauded the usefulness of social media platforms and social influencers, and noted that a number of government ministers were tracking the progress of the campaign.

Mrs. Charles informed that the Barbados COP Coalition was officially launched in May 2019, and included, to date, 12 CSOs and 24 individual experts. A Youth Subcommittee was established, and its members would be trained in digital strategies; the Coalition wrote its first Open Letter to the Government of Barbados in May 2019; and there had been key policy engagements with Ministries of Health, Education, and Finance, the NNCD, the Barbados Association of Retailers, Vendors and Entrepreneurs, and the Barbados National Council of PTAs. She outlined the commitment from six model schools to collaborate with the COP Coalition, where the Principals will ban or restrict SSBs in the schools, effective 1 October 2019, with full restriction from 1 January 2020. There were also plans to introduce healthy clubs and strengthen advocacy among all key stakeholders, including teachers, parents, and students.

Ms. Charles indicated some of the challenges for *parents*: economic considerations and cultural norms that seemed to place greater importance on food preparation time and convenience than on food costs; for *policymakers*: economic considerations and stakeholder relations; and for *schools*: economic

considerations and the provision of alternative products, including greater access to potable water. With regard to this last, she noted that the Muslim community in Barbados had committed to providing schools with water coolers in a phased approach.



Jamaica - Dr. Simone Spence

Dr. Spence described experiences related to Jamaica's phased implementation of an SSB ban in schools, effective 1 January 2019, noting that Interim Guidelines for Beverages in Schools were developed, aiming to reduce SB consumption and increase water consumption among the student population. She advised that maximum limits on sugar content were being introduced in a stepwise manner, against the background of the development of a National School Nutrition Policy to complement the existing National School Nutrition Standards and the National School Feeding Nutrition Policy and Programme.

She noted that the initiative, with oversight by the multi-sectoral National Food Industry Task Force, is based on findings from the 2016 Jamaica Health and Lifestyle Survey (2016) and other scientific evidence, and involved stakeholders, including policymakers,

parents/caregivers, school administrators, teachers, canteen operators, and vendors, at all stages. She characterised the stakeholder consultations as a critical component, enabling the identification of barriers, mitigation mechanisms, requirements of each stakeholder group, and strategies to promote buy-in and implementation guidelines.

She highlighted the role of manufacturers, who were integral to the process, since success depended on their collaboration in terms of product reformulation, affordability, supply and distribution, and the implementation of effective marketing strategies. However, Dr. Spence noted recent Col issues, involving Industry complaints of limited involvement in policy and programme development; written and verbal promotion of educational material by Industry at sensitisation sessions; and direct communication between Industry representatives and high-ranking government officials to lobby for Industry interests.

She also cautioned that Industry was not only local, noting that there was an extensive network of FBCs nationally, regionally, and globally, armed with experts in trade, law, and nutrition.

In closing, Dr. Spence shared lessons learned:

- Operate from a strong evidence base
- Consult partners in health during policy development to ensure solid support
- Involve all sectors/ministries critical to the discussion, not only Education
- Consider best practices in both health policy and trade policy
- Consider the experiences of other countries; however, while there is no need to create evidence in every jurisdiction, it helps to have local evidence of a particular type to combat arguments against effective policies
- Use all available partnerships to help disseminate accurate information
- Keep a record of all discussions with stakeholders, especially Industry
- Do not be afraid of “marketing” health, rather than simply “promoting” it



Ms. Yvonne Lewis

Trinidad and Tobago - Ms. Yvonne Lewis

Ms. Lewis stated that over a 10-12 year period starting in 1999, there was a four-fold increase in obesity among school children in Trinidad and Tobago, with evidence of elevated blood pressure, elevated cholesterol, and increased glycosylated haemoglobin in some of the children. It was further determined that an unhealthy food environment, where there was unfettered access to unhealthy, HFSS foods and low consumption of fruits and vegetables, was a significant contributing factor. She noted that by 2011 there were

several recommendations from regional and global frameworks, including from CARICOM, PAHO, and WHO, and credited Dr. Fitzroy Henry—then Director of the now-defunct Caribbean Food and Nutrition Institute—with being a pivotal force in a new approach: changing the environment in which the undesired behaviour occurs, instead of changing the undesired behaviour in various settings/environments.

Ms. Lewis noted that despite slow implementation, there have been achievements, including development of a National School Health Policy and National

Nutrition Guidelines for Food Offered in Schools. She cited COTED's approval of the CARPHA 6-Point Policy Package as an important step in enabling a move from policy to action, and advised that in bringing the issues to Parliament, it was important to put them in the context of international health agreements, human rights, and trade agreements.

She noted the establishment of a Joint Select Committee (JSC) of Parliament in 2016 and stated that after the JSC issued a ban on SSBs in schools, a beverage standard was established; a policy prohibiting the sale of SSBs in government or government-assisted schools was developed, stipulating that only water, 100% fruit juices, low-fat milk, and blended vegetable or fruit drinks with no added sugars and/or artificial sweeteners could be sold; stakeholders were sensitised; and implementation of the SSB prohibition policy began in April 2017 in all government and government-assisted schools.

Ms. Lewis indicated that the implementation included dialogue with manufacturers; sensitisation of key sectors and stakeholders, including civil society;

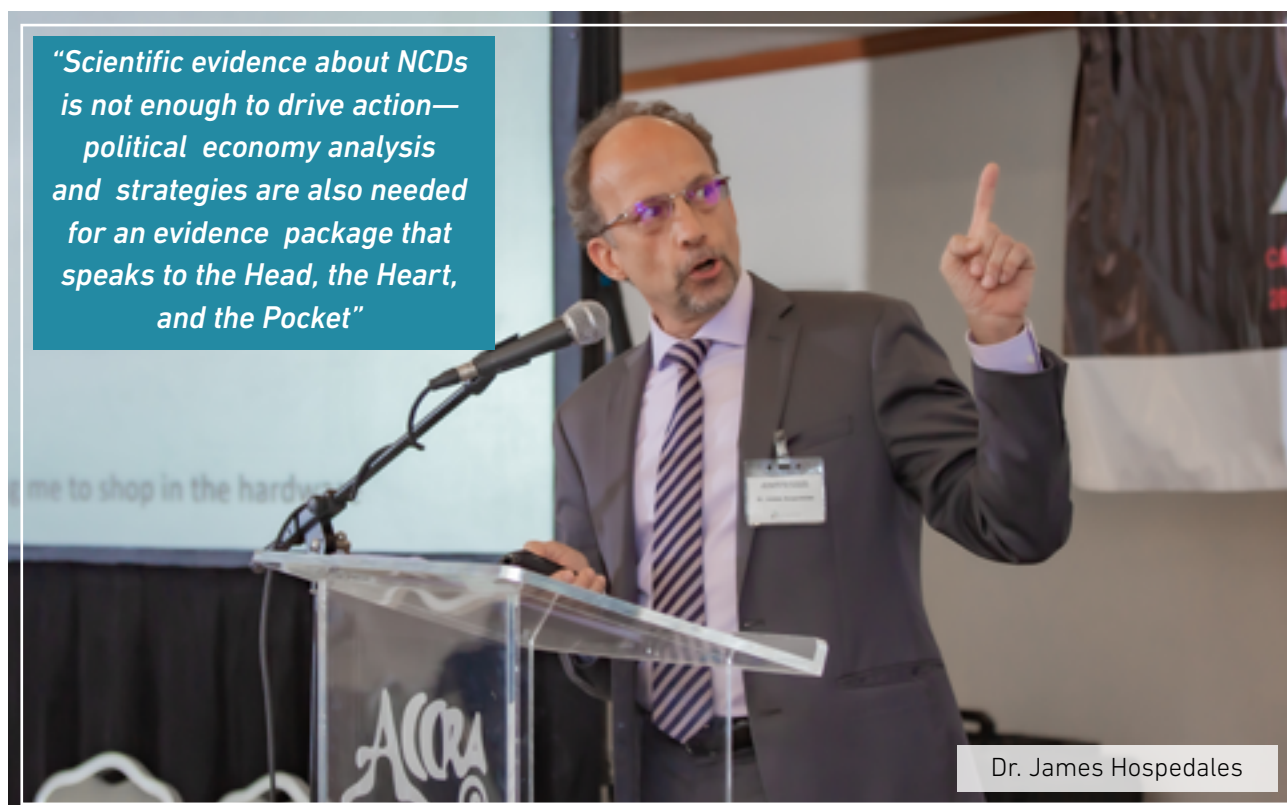
development of a policy instrument; creation of a monitoring mechanism that included quarterly reports from school supervisors; and establishment of a compliance strategy. Challenges included non-application of the policy to the 5% of the student population in private schools, to food brought to the schools from home, and to vendors in the immediate vicinity of the schools, as well as the need to strengthen M&E mechanisms and address other aspects of the food environment.

Despite the challenges, Ms. Lewis noted that compliance with the policy at the primary and secondary school levels was high (over 95%) regarding the sale of soft drinks and sports/energy drinks; however, compliance was lower for the sale of "juice drinks", which were perceived as juices, and additional measures were needed. A School Health Education Programme was implemented, a Healthy School Physical Activity project initiated, and School Health and Childhood Obesity Policies were being revised, in addition to continued work with manufacturers and efforts to apply the PAHO NPM to pre-packaged snacks.

Questions and comments

- Young persons must be among stakeholders from the beginning of the process—what would be the justification and method for convincing students to buy into this?
- The Quick Café Chat noted that young people's interests should be used as a "hook" for arguments to obtain their involvement, so it is important to determine the issues and methods that pique their interest.
- The use of games is an important mechanism to involve youth and share information such as the sugar content of various SSBs and demonstrate why it is important to have a healthy diet and be physically active.
- The consumption of healthy foods should be marketed as 'fun', linking it to what is important to children and engaging them in creative ways to enable them to make healthy choices not just in, but also out of, school. In Jamaica, while youth were not involved in the actual development of guidelines, they were involved in consultations.
- Young interns from the Nutrition and Dietetics Programme at UWI have participated in research and the development of strategies
- The glamourisation of the supersized product must be reversed and emphasis placed on standard portion sizes.

“Scientific evidence about NCDs is not enough to drive action—political economy analysis and strategies are also needed for an evidence package that speaks to the Head, the Heart, and the Pocket”



Dr. James Hospedales

The political economy of NCDs

DR. JAMES HOSPEDALES, BOARD CHAIR, DEFEAT-NCD PARTNERSHIP

Dr. Hospedales framed his remarks around the [2019 Prince Mahidol Award Conference](http://pmac2019.com/site)¹²¹ held in Bangkok, Thailand in early 2019, with the theme “The Political Economy of NCDs: A Whole of Society Approach”. He defined political economy as “how the distribution of political and economic resources affect something we care about, such as inequality, health, and environment” and “who gets what, when, and how”, that is, actors, consequences, timing, and processes. He noted that an analysis of political economy considered power, interests, stakeholders, and ideologies.

Dr. Hospedales offered three themes for political economy analysis of NCDs: changing the determinants of NCDs, focusing on commercial determinants; mobilising social systems, focusing on the role of patient organisations; and reforming governance, focusing on government agencies. He expanded on these themes as follows:

- *Commercial determinants.* Taxation of unhealthy products seems like a ‘magical’ policy solution that brings additional revenue for the government and reduces the disease burden and health costs. However, commercial enterprises benefit from the production, sale, and consumption of such products, and political economy analysis reveals that the introduction of this type of taxation inevitably triggers a political struggle with Industry, which has more economic and political resources than public health advocates. Political economy analysis can help to determine strategies to counter Industry obstruction and political reluctance.
- *Social systems.* The involvement of persons directly harmed by NCDs is a key force, but there is understandable reluctance to share personal difficulties and experiences with the public. However, there are lessons to be learned from the experience with HIV/AIDS, and the mobilisation of Persons Living with NCDs is important in changing the political economy of NCDs and enabling supportive government

¹²¹ <http://pmac2019.com/site>.

and corporate policies. It may be possible to mobilise these forces digitally, as was done in the [HCC "Get the Message" campaign](#)¹²² in the lead-up to the First HLM on NCDs in 2011, and to create connections across different NCD campaigns that have had success in catalysing change, such as the anti-tobacco and breast cancer screening movements.

- *Governance.* An analysis of global governance shows that while NCDs are said to be a priority, development assistance for their prevention and control is very limited, particularly in low- and middle-income countries; international development agencies need to be held accountable. At national and regional levels, governance is weak and fragmented, with health systems that are not oriented towards NCDs, little accountability, and limited intersectoral action and cross-ministry collaboration.

In closing, Dr. Hospedales identified the following needs:

- Political economy thinking and analysis

- Development agencies' and foundations' movement from slogans to action, with provision of funding for NCD prevention and control
- Inclusion of political economy analysis in proposals submitted to funding institutions
- Attention from researchers not only to epidemiological and economic analyses, but also to political economy analysis
- A political economy accountability mechanism in practice and research
- Regional initiatives and mandates to provide "air cover" for national policymakers
- Strengthened role of patient organisations and other segments of civil society
- Insertion of political economy issues into the standing agendas of the CARICOM HoSG
- Capacity-building in health diplomacy, including negotiation and partnerships, as carried out by the United Kingdom-based [Partnering Initiative](#)¹²³

Questions and comments

- The challenge of urbanisation raises a whole range of issues, including what people eat, and it is essential to make an analysis of the holistic, multisectoral approach through the lens of 21st century challenges.
- Capacity building should involve not only CSOs, but also government, including ministries other than health, and key links should be made between NGOs and government agencies in these efforts.
- In Belize, the President of the Belize Cancer Society is also the Speaker of the House, and she advocates strongly for the NCD agenda at the political level. It is critical for CSOs to have political allies, and the evident synergy between the MHW and the HFJ in Jamaica is an excellent example.

¹²² <https://www.healthycaribbean.org/get-the-message-campaign/>.

¹²³ <https://thepartneringinitiative.org/>.

Caribbean experiences with taxes on sweet beverages

MODERATOR: MR. VINCENT ATKINS, OFFICE OF TRADE NEGOTIATIONS, CARICOM/TRADE AND POLICY ADVISOR, HCC

PANELLISTS: PROFESSOR WINSTON MOORE, PROFESSOR OF ECONOMICS, UWI, CAVE HILL, BARBADOS; MS. SARA BOSCH DE NOYA, DIABETES EDUCATOR, BERMUDA DIABETES ASSOCIATION; MS. HEATHER HOLLIS, SENIOR CUSTOMS OFFICER, HER MAJESTY'S CUSTOMS, BERMUDA; MS. NADINE CARTY-CAINES, COORDINATOR, HEALTH PROMOTION UNIT, MINISTRY OF HEALTH, ST. KITTS AND NEVIS; AND MS. BARBARA MCGAW, PROJECT MANAGER, GHAI PROJECT, HFJ

The panellists made presentations on experiences in their respective countries.



Professor Winston Moore

Barbados - Professor Winston Moore

Professor Moore made his presentation on the impact of the SSB tax in Barbados from the perspective of an economist, and cited studies that used a mixed approach, comprising analysis of national accounts data and stakeholder input. He noted that the SSB tax was a sales tax, 10% of the value of the beverage before Value-added Tax (VAT)¹²⁴ with no special concessions, and it was introduced as an adjustment in response to fiscal difficulties, rather as a health-supporting measure. There was no earmarking of the revenue earned, so it goes into the Consolidated Fund, though it does help to cover the rising costs of health care in Barbados.

Professor Moore noted that an estimated 750,000 to 1,000,000 units of SSBs were sold per year in Barbados, and in summarising the impact of the tax, he stated that:

- The SSB tax has raised approximately 5 million Barbados dollars (BBD) each year.
- There has been a divergence in the prices of SSBs and non-SSBs, with the former growing more than latter, due to the effect of VAT.
- The year-to-year growth in SSB prices is 2% higher per quarter, which is insignificant, given the rate of inflation.

¹²⁴ The VAT rate in Barbados is 17.5%.

- There has been a reduction of 4.3% in SSB sales and an increase in the sales of bottled water, but no increase in the production of beverages with less or no sugar—the manufacturers report no increase in the demand for such products.
- There has been increased consumption of sugary powders and crystals; these products are not covered by the tax, which is one of its shortcomings, and their production is perceived as a way of evading the tax.
- The tax of 10% is thought to be too low and has not resulted in a significant change in the consumption of SSBs.

- An estimated BBD 35 million will be collected as a result of the tax in 2020–2021.

In closing, Professor Moore noted that there is evidence that SSB taxation reduces SSB consumption, and at relatively high tax rates, consumption falls significantly. In Barbados, the 10% tax has resulted in moderation of the growth of SSB consumption, and there has been no change in the type of beverages produced by beverage manufacturers. An increase in the tax to 20% would result in a fall in SSB sales for 2020–2021 from a baseline of 35 million at the current rate to 33 million.



Ms. Sara Bosch de Noya

Bermuda - Ms. Sara Bosch de Noya and Ms. Heather Hollis

The presentation noted that there were no data on childhood obesity in Bermuda, though the results of a 2014 STEPS survey of adults (>18 years of age) revealed prevalence of 40.2%, 34.4%, and 13.0%, respectively, for overweight, obesity, and diabetes, and daily consumption of at least one sugary drink per day by 50% of those surveyed. Participants were informed that total health expenditure is soaring, amounting to 426 million US dollars (USD) in 2006 and USD 723

million in 2017, with USD 25 million spent on dialysis alone each year.

It was stated that in 2013, the Bermuda Diabetes Association (BDA)¹²⁵ hosted diabetes and childhood obesity expert Dr. Robert Lustig at a symposium that set the scene for active media engagement, education, and advocacy. The presenters emphasised that the Bermuda tax is a sugar tax (ST), and is levied on items other than SSBs; the tax and its use in health promotion were featured in the Government of Bermuda's pre-election manifesto in 2017 and in the

¹²⁵ <http://www.diabetes.bm/>.



Ms. Heather Hollis

Throne Speech later that year. The tax has also been debated by the Bermuda Youth Parliament, which is a strong and active group that demonstrates the power of youth advocacy.

The aims of the ST were to raise awareness and start a conversation around healthy eating; act as a deterrent to the purchase of sugary items and a catalyst to create a healthier food environment; and provide financial support toward enhancing health promotion and education for the community. It was noted that:

- The Customs Department administers the tax, which is applied as an increase of the rate of duty charged to the specific items identified, and affects both commercial and personal importers of those items. The criteria for the ST are posted, and the process is transparent.
- The ST became effective on 1 October 2018, and is applied to the transaction value of the goods; the affected codes are already in the tariff. Phases 1 and 2 were implemented in consultation with the Ministries of Health and Finance.
- Implementation was preceded by consultations—including with the public—addressing the items to be taxed, the level of tax, and whether the tax would make a difference in SB consumption. The responses showed 52% in favour or somewhat in favour of the tax, with 43% being in favour of a 75% or higher duty rate, 14% in favour of a lower rate, and 35% opposed.

- Phase 1 included rates of up to 50% on various products, and was accompanied by reduction in the duty rate on selected healthy foods, resulting in USD 250,000 USD duty foregone, though in most instances the retail price of the items did not change.
- Phase 2, which became effective on 1 April 2019, saw an increase in the duty rate from 50% to 75% for previously affected items and some additional ones. However, products with artificial sweeteners reverted to a 15% rate, and other concessions were made for local commercial manufacturers.

Successes were noted, including an increase in revenue of about USD 3 million, and an increase in detentions and penalties for product misclassification, as well as concerns about the increased risk of smuggling and misclassification; the added work for the resource-limited Customs Department to ensure correct classification of goods; and the lack of legislative backing for the government to set price limits in stores.

In closing, the current post-tax status was outlined: an overall increase in the cost of grocery basket items of about 25%; suggestion of a decrease in SB consumption, based on a household telephone survey; conflicting reports from the retail sector, with apparent consumer hostility at price increases following in-store sales; and no design or shared plan for the tax revenues to be put back into health promotion, leading to cynicism among the community.



Ms. Nadine Carty-Caines

St. Kitts and Nevis - Ms. Nadine Carty-Caines

Ms. Carty-Caines observed that St. Kitts and Nevis had sometimes been called “sugar city”, due to the amount of sugar that the country once produced. Now, there were statistics showing that 83% deaths in the country were due to NCDs, with adult prevalence of diabetes 14.9%, overweight 59.1%, and obesity 28.4%; the 2011 GSHS among 13-15 year olds showed prevalence of overweight 32.5% and obesity 14.4%, and consumption of carbonated beverages at least once per day by 61.6% of the children.

She noted that, based on national and regional trends, and to address a specific objective on social determinants of health and health-promoting environments in the National NCD Action Plan, a mandate was adopted to stimulate intersectoral actions to promote the availability, accessibility, and consumption of safe, healthy, tasty foods. These actions included the implementation of fiscal policies, specifically a tax on SSBs to increase or complement the current 5% excise tax on those products, and the Ministry of Health collaborated with PAHO and

the University of Illinois at Chicago to plan related interventions.

Ms. Carty-Caines outlined the activities, which included consultations with key stakeholders in government, civil society, and the private sector to obtain input on policy imperatives and commitment to policy implementation. The recommendations for policy imperatives include: increase in the excise tax to 32%; a tax base that includes products with both caloric and non-caloric (artificial) sweeteners; suggestions for exclusions and alternatives to SBs; and use of the revenue from the SB tax for health-promoting measures, including improvement in the school food and beverage environment, public health campaigns, and agriculture education.

She indicated that next steps included compilation of the information from the consultations for discussion at a final stakeholder meeting, which would include youth (a key stakeholder group not previously included); submission of the draft policy document to PAHO for review; and submission of the policy to Cabinet for approval.



Jamaica - Ms. Barbara McGaw

Ms. McGaw described the GHAI HFJ advocacy project objectives and policy priorities, the latter including the three HCC policy priorities being discussed at the meeting. She focused on the project's mass media campaign, the fourth phase of which began in February 2019 and included direct calls for an SB tax. She showed examples of materials produced and messages used in the various phases of the campaign, and identified successes, including overwhelming public support for the campaign and earned media coverage; meetings with key government stakeholders; explicit support for the tax from the Minister of Health and Wellness and 19 NGOs, including the National Consumers' League; advances in product reformulation by some FBCs; and phased introduction of SSB restriction in some schools.

Ms. McGaw also noted challenges, chief among them aggressive pushback from the food industry, exemplified by Industry misinformation and interference; evidence of Col; and a decision by the Government of Jamaica not to introduce new taxes to fund the 2018/19 national budget. She noted that after the launch of phase 4 of the mass media campaign, industry pushback intensified, with accusations of a "rushed process", statements that the tax would provide only a "windfall" for the government, threats

of possible job losses, and a vow to "fight to the death" against the SB tax. Ms. McGaw reported that the Minister of Health and Wellness remained steadfast in his support, rebutted Industry arguments, and tabled a Green Paper proposing the creation of a National Health Insurance Plan (NHIP); there was now a project using regional and local expertise to propose that the SB tax could fund the NHIP.

Ms. McGaw noted that 'cross-fertilisation' across Industry on various boards was also a concern for Col, and, based on the HFJ's experiences with the GHAI-funded project, made suggestions for strengthening national processes:

- Advocacy for SB tax and other policies
- Public education and sensitisation
- Political mapping
- Food industry mapping
- Research, noting precedence in other countries and national, regional, and international action plans and best practice
- Countering Industry opposition
- Maintaining partnerships with key groups and stakeholders

Questions and comments

- Is there a biochemical definition of sugar when discussing/implementing SSB taxation? There are natural sweeteners such as agave and stevia that might be used to bypass the tax. Are artificial non-nutritive sugars included in SB taxation?
- In Bermuda, the Department of Health identified the items to be taxed, and the definition of "sugar" did not include artificial sweeteners. A harmonised system of classification that is legally binding is in use, under which the product is classified and the appropriate duty rate applied. This results in taxes being applied to energy bars, which some people deem to be healthy.
- There is a standard classification for all products – the HS¹²⁶ classification – which is used worldwide, and once a product is placed in a particular class under the HS Rules of Classification, duties are applied as appropriate.
- The challenges faced and actions taken are almost the same in the Caribbean and Pacific regions. In the Pacific region, 16 countries have taxes on SSBs, 14 on tobacco, and 12 on alcohol. The Parliamentary Development Committee discusses NCDs and the Pacific Monitoring Alliance for NCD Action¹²⁷ monitors progress. The results of the monitoring sparks competition among the countries to increase taxes, and to obtain and report impact on NCD prevention and control.
- How can the sharing of lessons and experiences be accelerated? Perhaps a listserv of participants could be established at the end of this meeting.
- The products included in the tax are very important, as loopholes that facilitate switching to cheaper SSBs and sugary powders/crystals make the tax less effective. Mechanisms are needed to enhance the effect of the SSB tax—in Barbados, as soon as the SSB tax was announced, FBCs went into enhanced marketing mode to promote other beverages. In addition, in some stores, prices are not labeled at the point of sale, making it difficult to assess the effect of the tax.
- Systems must be put in place to assess changes in disease profiles, although these are long-term effects of the policies under discussion.

¹²⁶ The Harmonised Commodity and Coding System (Harmonised System, HS) is a multi-purpose international product nomenclature used by more than 200 countries and economies as a basis for their Customs tariffs. <http://www.wcoomd.org/en/topics/nomenclature/overview/what-is-the-harmonized-system.aspx>.

¹²⁷ <https://www.spc.int/updates/blog/2019/07/pacific-monitoring-alliance-for-ncd-action-mana-dashboard>

Panel discussion: Perspectives on overcoming barriers and accelerating nutrition policies

MODERATOR: SIR TREVOR HASSELL

PANELLISTS: MR. FABIAN B. LEWIS, DIRECTOR OF RESEARCH AND ANALYSIS, MINISTRY OF FINANCE AND THE PUBLIC SERVICE, JAMAICA; MS. DAISRY HIGGS, SENIOR ADMINISTRATOR, HEALTH, SAFETY AND DISASTER, MINISTRY OF EDUCATION, THE BAHAMAS; MS. CAMIEL PENNYCOOKE, POLICY ANALYST, MINISTRY OF INDUSTRY, COMMERCE, AGRICULTURE, AND FISHERIES, JAMAICA; AND DR. THOMAS SAMUEL, DIRECTOR OF INTERNATIONAL TRADE, MINISTRY OF COMMERCE, INTERNATIONAL TRADE, AND INVESTMENT, ST. LUCIA

Policymakers from sectors other than health presented their perspectives on this issue in response to a series of questions posed by the Moderator.



Finance - Mr. Lewis

Mr. Lewis noted that:

- In his personal capacity, he would support an SB tax, based on the fact that fiscal policies are effective in reducing consumption, evidenced by tobacco and alcohol taxes. However, in terms of public health, the SB taxes may not raise significant revenue, since these goods are elastic in nature, unlike tobacco; notwithstanding, there will be a fall-off in demand.
- An alternate perspective was to frame this as a WHO recommendation and justify it based on international agreements.
- Col is implicit in daily living; hindrances to tax reform include political considerations and identification of potential winners and losers. An SSB tax was proposed in Jamaica in 2012, but strong lobby groups, including commercial entities connected to some policymakers, succeeded in causing delays; delays in the

process may also be due to policymakers' requests for unnecessary "additional" consultations.

Education - Ms. Higgs

Ms. Higgs' comments were as follows:

- Teachers want to see high student passes, but perhaps children's unhealthy diet correlates with poor results, and a healthier diet would improve the pass rate.
- Teachers and administrative staff should be encouraged to adopt healthy nutrition behaviour, since children model what they see.
- There is little or no Col in education policy. However, there has to be caution in singling out specific SSB brands, and SSB restrictions should be as broad as possible to avoid accusations of discrimination from FBCs.
- The Minister of Education has agreed that as of December 2019, SSBs will be banned from schools in The Bahamas.

Industry, Commerce, Agriculture, and Fisheries - Ms. Pennycooke

In her interventions, Ms. Pennycooke noted that:

- There are evident linkages between health, nutrition, and food. Though the discussion at the meeting focuses on processed food, there is a different dynamic taking place in agriculture. The agriculture sector may be involved in the initial stages of these discussions, but is often forgotten later on, or brought in at the end of the process. However, in Jamaica this is changing, and the Ministry of Agriculture has been involved in discussions pertaining to the GHAI/HFJ project, including the promotion of fresh fruits and vegetables.
- There were ongoing efforts in Jamaica to change the perception of agriculture: a Youth in Agriculture Policy was being developed to encourage youth to be involved in agriculture from school onward and to become 'agropreneurs', as well as to persuade them

that contributing to healthy lifestyles can be a source of income.

- The Jamaica Food and Nutrition Security Policy gives rise to intersectoral action and producers are being increasingly acknowledged, but there is need more explicit linkages.
- Jamaica has a high food import bill, so there are efforts to substitute local production, leading to pushback from major importers of fruits, vegetables, and animal products, who complain that the 'technocrats' are hurting them and trying to stop them from making money.

Trade - Dr. Samuel

Dr. Samuel noted that:

- Health is not represented at trade discussions in St. Lucia, though it is represented in such discussions at regional level, for example in discussions with COTED.
- Attendance at this meeting has been very enlightening and has highlighted opportunities in international declarations, as in SDG Target 2.2 on eliminating malnutrition. There will need to be a higher level of shared sectoral activity, and he planned to "insert himself" into relevant conversations on his return to St. Lucia.
- The Government of St. Lucia wished to increase the domestic production of poultry, but entrenched PSEs with interests outside the country have challenged this and the US Trade Office has lodged a formal complaint with the WTO. This type of action can undermine the thrust to national food security, and the country did not have the requisite Sanitary and Phytosanitary (SPS)¹²⁸ legislation to provide protection, so was exposed to this pushback from a large partner trying to influence national policy on nutritional issues.

¹²⁸ SPS measures are those used to protect humans, animals, and plants from diseases, pests, or contaminants https://en.wikipedia.org/wiki/Sanitary_and_phytosanitary_measures_and_agreements.

Questions and comments

- 'Technocrats' from various sectors are critically important to these processes, and need to arm themselves with relevant information and participate in multisectoral meetings to provide information and drive evidence-based decisions and interventions.
- Are there any business models that address COP by contributing to healthy food environments in the region without negative impact on the businesses?
- Population-based dietary salt reduction interventions are examples of government working with PSEs without negative impact on anyone.
- There is a growing 'B Corps'¹²⁹ movement that addresses CSR and public health, and perhaps this movement can be used as a force for COP.
- There are several other models that may apply, including community-supported agriculture, since behind food production and distribution, there is a business model. Health can identify those models that can be linked to NCD prevention and explore collaboration. PSEs have, overall, been operating in a deregulated context, but the world has come to realise that regulations are needed, and PSEs need to be ready for the coming changes.
- In several countries, government encourages FBCs to reformulate their products in anticipation of the implementation of SB taxation, to avoid its impact.
- There are health-supporting PSEs that undertake workplace wellness programmes. CIBC First Caribbean has established a "wellness champion", given its staff fitness trackers, and undertaken strategies to support and monitor their behaviours regarding healthy diet.
- For countries undergoing economic restructuring in collaboration with the International Monetary Fund (IMF), there are issues relating to IMF dictates on taxes and their effect on health taxes. In addition, consideration should be given to the implications of Brexit and possible "dumping" of unhealthy products in the Caribbean region.
- Anxiety regarding the effect of the IMF on taxes is probably not warranted, since the HS allows for specific tariffs under the WTO, and there is some flexibility in that policy space. Much has been learned at this meeting, and there is much to mull over; the HCC's efforts are to be commended. There are 'low-hanging fruit' that can be dealt with, such as reducing portion size.
- There are instances of business students developing business models for schools to allow children to run their own canteens.
- Are there opportunities to have companies provide NCD education and information, thus creating a 'win-win' situation?
- Some supermarket chains in the USA have a niche market, interacting with local sellers and promoting brand identity through the sale of organic products and a focus on sustainability; there is at least one such entity in Barbados.

¹²⁹ <https://bcorporation.net/about-b-corps>.

The Call to Action: Accelerated Nutrition Policy in support of the 2025 GAP and the 2030 Agenda

MODERATOR: MS. MAISHA HUTTON

FACILITATORS: MS. BARBARA MCGAW, MS. VONETTA NURSE, AND MS. FRANCINE CHARLES

Groups discussed the draft Call to Action based on the draft outline and structure presented earlier by Ms. Hutton:

Core Call to Action

- *Title:* Call to Action? Is this suitable and sufficiently urgent and action-oriented?
- *Target group:* Caribbean region—political leadership (including ministries), civil society, private sector
- *Primary Ask:* Up front, that is, implementation of nutrition policies with focus on the three priority policies
- *General section:* Background/Rationale—CARICOM commitments; rationale for nutrition policies
- *Cross cutting (across all policies) Asks for each target group:* Food systems approach—need to reorient and rebalance diets; double/triple duty nature of these policies; co-benefits; linkages with other issues such as climate change; policy coherence; NNCDs; transparency
- *Introductory language:* Title, language of the Ask
- *Cross-cutting Asks for each target group*
- *Three to four priority Asks for each target group*

Policy specific section

- *Key actions for each target group specific to the policy area, e.g. FoPL/Policyholders/CROSQ—*improve transparency, that is, document the correct process to enable advocates to hold the process to account, for example with school policies/policymakers
- *Three to four priority actions for each target group*

In their presentations groups made recommendations as follows:

Overall nutrition policy and cross-cutting areas

- Political leadership: The process to decide on policy is not clear, neither is it evident who is in charge; the policy space should be protected from the private sector.
- It is important to include technical teams from different ministries; capacity building in developing policies and writing regulations is needed.
- Partners should be brought together to ensure that there is common understanding and that all “speak the same language”.
- Government has to have a vision that elicits political commitment from all ministers, supporting the HiAP approach, compliance with the responsibility to develop appropriate sectoral policy, and policy coherence. The focus should not only be on the Government, but also on the Opposition, and there should be advocacy at parliamentary level.
- A regional approach is an important strategy for Caribbean countries, and there should be a regional parliamentary meeting to facilitate uniformity at that level.

Banning or restricting SBs in schools

Political leadership

- Advocate with political leadership to accept that this is a priority area, and to provide a focal point with budgetary support.
- Identify “champions”—respected, trusted, “untouchable” persons—to advocate to politicians.
- Conduct mapping to determine key spheres of influence.
- Place SSB bans/restrictions on the agenda for discussion at Cabinet meetings.
- Establish a multisectoral group using the One Health approach.
- Establish an inter-ministerial group to promote the WoG approach.

Civil society

- Empower CSOs and civil society actors; the people ultimately impacted by these policies

need to create the demand to confront politicians, which can push governments to enact and implement legislation.

- Build capacity of CSOs to remain focused, educate, lobby, and hold governments and the private sector accountable.
- Actively participate in multisectoral groups and in dissemination of information to schools.
- Consult with HCC for guidance.
- Promote NNCDs' focus on COP.
- Build coalitions/create groups to monitor NCD policy implementation, including Parents'-Teachers' Associations.

Private sector

- Advocate with, and regulate, the private sector—the demand from the public will push FBCs to provide healthier options.
- Encourage PSEs to be socially and ethically responsible and not brand community interventions.
- Encourage an umbrella private sector group to develop a code of practice to prevent marketing of unhealthy products in schools, including no branding.
- Engage stakeholders, including Industry, but prevent them from superseding issues.
- Encourage FBCs to adapt food products according to laws, instead of fighting back.

FoPL

Political leadership

- Identify “champions” within the government, outside of the Minister of Health.
- Sensitise and educate public on the importance of knowing the composition of the food that they consume.
- Lobby the public to put pressure on politicians.

Civil society

- Advocate with all groups to buy into FoPL and NCD prevention and control to achieve a louder voice, more support, and more resources and resource mobilisation for public education.

- Focus on sensitisation of young persons to ensure that they understand the issue and can influence their parents and guardians in food basket purchases.
- Engage children to market to children in a positive way; new packaging may be helpful.

Private sector

Engage private sector umbrella organisations in discussions and consultations.

Establish partnerships with PSEs other than FBCs, such as health insurance companies, to support FoPL.

Taxation

Political leadership

- Appoint an NCD focal point within each ministry to drive the multisectoral approach, and obtain Cabinet approval and involvement to drive accountability

Civil society

- Build the capacity of local groups to strengthen their strategies and help with mapping of FBCs.

General CTA

Suggestions were made for inclusion of:

- A call for urgent action to protect children; FoPL; marketing of unhealthy foods; decreases in taxes on healthy food; supportive school environment
- Frameworks, including PAHO's, WHO's, SDGs, and others, in the Preamble
- Evidence of effectiveness
- Request for private sector to stop fighting actions for children's health
- Need to engage multiple stakeholders
- Prioritisation of transparency and M&E
- Links to climate change

The final core **Call to Action**, developed by the HCC Board of Directors and Secretariat, with input from other stakeholders in the days post the meeting, is in **Annex 5**.



Wrap-up and close of meeting

DR. MAXINE NUNEZ, PRINCIPAL INVESTIGATOR, ECHORN/HCC BOARD MEMBER

Dr. Nunez observed that:

- The stage was set on Day 1 to use specific strategies in support of the three priority policies.
- Kudos are due to HCC for addressing this high-burden issue, which is also being addressed by the Eastern Caribbean Health Outcome Network (ECHORN).¹³⁰
- The voices of PAHO, UNICEF, FAO, and others emphasised their role in helping countries.
- It was important to “see the glass as half full” and determine how to drive the process using incentives and disincentives to change social norms.
- It was encouraging to hear of progress in countries such as Chile, Mexico, and Uruguay, and of lessons learned that the Caribbean can use.
- Attendees provided articulate and thoughtful contributions on the issues, based on evidence presented and speaking from experience, including management of Col.

- Youth should participate fully, and not just be given lip service.
- Day 2 began with a quiz that demonstrated the utility of these methods in capturing people’s attention, and the HCC newsletter to highlight FBC practices was announced.
- There was a strong call for unified and standard regional norms to inform country actions.
- By noon on Day 2, only one objective of the meeting had not been achieved—the development of the Call to Action, and that took place in the late afternoon, so that all the meeting objectives were attained.
- Schools are key settings for action to prevent childhood obesity, which should include removing SSBs and installing water fountains.
- The region must keep striving towards the goal of improving health and achieving positive outcomes for the benefit of all.

Finally, participants were asked to post photos of the meeting and comments using hash tags #acceleratingnutritionpolicies, #HCCCABNP2019, #enoughncds, #caribbeanmoves, and #caricomheadswalkthetalk, and complete an E-evaluation form at <http://bit.ly/hcc18919>. It was noted that the meeting electronic package would be emailed to participants after the meeting.

¹³⁰ <http://echorn.org/>

*Well, all good things must come to an end
Thanks to all of you here my friends
Partners, officials, NCD Chair
The battle continues when we leave here
We have what it takes
We know its high stakes
No retreat, no surrender
Can't hesitate
Under De General Trevor Hassell
We bound to prevail
In this here struggle*

Extempore calypso stanza written and performed
by Dr. Damian Greaves, Grenada NNCD

Closing session, HCC meeting on Nutrition Policy,
September 2019



Dr. Damian Greaves

RECOMMENDATIONS

The main recommendations made during the meeting are summarised below.

General

Engagement, partnerships, and networking

- Strengthen engagement with key stakeholders, especially consumers and the general public, to enhance their knowledge of the issues and their health and nutrition literacy.
- Engage with, and encourage “bottom-up pressure” from, the “man in the street”, including young people and Persons Living with NCDs, to drive political will and action.
- Involve youth from the start of the policy development, implementation, monitoring, and evaluation process, and maintain their involvement throughout the entire process.
- Involve health professionals such as dentists in advocacy for bans on SB sale/marketing to children and SSB taxation.
- Foster corporate social responsibility, advocating with and encouraging PSEs not to obstruct effective nutrition policies.
- Recognise that all PSEs are not the same and seek to collaborate and partner with those that can, and will, support and promote health interventions.
- Protect the policy development space from private sector participation and influence, and when involving the private sector in consultations and in policy implementation, monitoring, and evaluation, identify and manage Col as appropriate.
- Collaborate with ministries of trade, commerce, and industry to take advantage of provisions in international trade and related agreements that allow health-promoting exceptions to the rules.
- Establish mechanisms to share lessons and experiences among key stakeholders in COP in and outside of the region, such as a listserv of participants at this HCC meeting.
- Encourage and strengthen networking among CSOs and coalitions involved in COP in the region, using HCC platforms as appropriate, to share materials and messages produced through mass media campaigns, which countries with limited resources can adopt or adapt for use in their own advocacy and health promotion interventions.

Capacity building

- Build capacity in the health sector in health diplomacy and political economy analysis to facilitate engagement with other sectors and identification of ‘win-win’ outcomes for effective multisectoral approaches to COP and NCD prevention and control, ensuring access to expertise in trade, law, and industry as needed to effectively counter Industry tactics.

Governance and accountability

- Improve the accountability and transparency of government regarding the policy development process, in order to identify and manage Col, inform consumers and the public, strengthen trust in government, and drive advocacy.
- Consider, identify, and manage individual and institutional Col, as may occur in the composition and functioning of various national boards.
- Conduct policy analysis to rate nutrition policies, using a simple ordinal scale and recommended criteria to assess how strong and implementable they are; make recommendations for strengthening where appropriate, and use the criteria to inform the policy development phase and ensure the formulation of strong policies.

- Conduct M&E of policy implementation, with allocation of adequate resources and wide dissemination of findings, to allow adaptation as needed and add to the evidence base.
- Develop and implement strategies, including resource allocation and resource mobilisation from international entities where appropriate, for Caribbean national and/or regional representation at policy-related international fora related to COP and NCD prevention and control.
- Strengthen policy coherence, coordination, and synergies across UN agencies such as PAHO, FAO, and UNICEF regarding nutrition policy development, implementation, monitoring, and evaluation, to demonstrate the 'One UN' approach for greater effectiveness at regional and national levels.

Advocacy

- Identify well-respected persons, including youth, to be "champions" and advocate for nutrition and other COP-related policies at all levels, including the highest policymaking level.
- Advocate for stronger regional efforts, and for CARICOM to play a greater role in communication, advocacy, and multisectoral working, in partnership with CSOs such as HCC, and with other regional and international entities.
- Advocate for and support the involvement of CARICOM entities other than CROSQ in regional efforts to support COP, such as FoPL.
- Advocate for civil society/HCC representation at the highest levels of CARICOM to facilitate high-level regional advocacy with Heads of State and Government, and Ministers.

FoPL

- Encourage and support national CSOs to participate in the process for revision of the CARICOM labelling standard to include FoPL, through the national mirror committees.
- Advocate with regional high-level policymakers for the revised standard to be mandatory at country level.
- Allow adequate implementation lead time to facilitate product reformulation by Industry.
- Advocate to CROSQ and the national Bureaux of Standards for greater transparency and accountability in the national and regional level processes associated with the revision of the standards.

SSB ban in schools

- Ensure the inclusion of children in planning, implementing and evaluating interventions, building the interventions around themes of interest to them.
- Re-think the HFLE curriculum: its content—which should include nutrition literacy and how to make healthy food choices—and how, when, where, and by whom it is taught.
- Encourage cross-country sharing of experiences and outcomes of school bans or restrictions to ensure learning and catalyse expanded policy implementation.

SB taxation

- Ensure that the tax is no less than 20%, as recommended by WHO.
- Earmark some or all of the SSB tax revenue not only for health interventions, but also to support M&E of nutrition policy implementation.
- Advocate with governments for transparency and monitoring in the use of funds raised through SSB taxation.
- Engage with Ministries of Finance to build capacity and buy-in for the imposition of taxes on unhealthy commodities, including taxes on sweet beverages, using effective tax base, type, and rates to achieve obesity reduction objectives.

CONCLUSION

The HCC-convened regional meeting provided a rich experience for participants from across the Caribbean and internationally, representing health and other ministries, civil society, youth, and intergovernmental development agencies. The evidence and experiences presented justified the focus on the three selected policy areas: mandatory front-of-package nutrition warning labels; promotion of healthy school food environments, specifically banning the sale and promotion of sweet beverages; and taxation of sweet beverages.

The meeting's noteworthy sectoral diversity found common ground in discussing nutrition policies for childhood obesity prevention. Though accepted as necessary and effective for COP and overall NCD prevention and control, there are relatively few examples of multi-sectoral, whole-of-government, whole-of-society approaches in the region. The HCC's success in contributing to such approaches, enabling health and other sectors to share experiences and learn from each other, speaks to the Coalition's commitment, credibility, and convening power. Participants indicated their appreciation of the information shared, commended HCC on convening the meeting, and expressed their determination to continue efforts to move from "policy talk" to "policy action".

The Call to Action for governments, civil society, and the private sector to accelerate interventions related to the three policy priorities provides another powerful civil society advocacy tool for interactions with high-level policymakers at national and regional levels. The HCC will continue to harness stakeholder commitment and enthusiasm to advance the Caribbean's multisectoral, whole-of-government, whole-of-society efforts to prevent childhood obesity, reduce the burden of NCDs, and protect the health and wellbeing of its people.

ANNEXES

ANNEX 1: LIST OF PARTICIPANTS

Title	First Name	Surname	Position	Organisation
Ms.	Zohra	Abaakouk	Advisor, Noncommunicable Diseases and Mental Health	Pan American Health Organization/World Health Organization (PAHO/WHO), Chile
Dr.	Holly	Alexander	Chairperson	Presidential National Non-Communicable Disease Commission, Guyana
Ms.	Raffiena	Ali-Boodoosingh	President	Trinidad and Tobago National Parent Teacher Association Inc.
Ms.	Miriam	Alvarado	PhD Candidate	Centre for Diet and Activity Research, University of Cambridge
Dr.	Aisha	Andrewin	Chief Medical Officer of Health/ Chairperson	National NCD Commission/Ministry of Social Development, Anguilla
Mr.	Andrew	Antoine	President	St. Lucia Diabetes and Hypertension Association
Dr.	Virginia	Asin Oostburg	Member of the Rotary International District 7030, Suriname	Rotary International District 7030
Ms.	Constanza	Astorga Mercado	Advisor	Ministry of Health, Chile
Mr.	Vincent	Atkins	LDC Trade Policy/Technical Advisor / HCC Trade Policy Advisor	Office of Trade Negotiations CARICOM Secretariat/ Healthy Caribbean Coalition
Ms.	Kerrie	Barker	Project Assistant	Healthy Caribbean Coalition
Ms.	Camelta	Barnes	Senior Public Health Nutritionist/ Lead Nutrition Sub-Committee	Ministry of Health, The Bahamas
Dr.	D. Beverley	Barnett	Consultant	Healthy Caribbean Coalition
Mr.	Shaun	Baugh	Programme Manager, Agriculture	CARICOM Secretariat
Dr.	Sharon	Belmar-George	Medical Officer of Health	Ministry of Health and Wellness, St. Lucia
Ms.	Christine	Bocage	Senior Technical Officer, Food Security and Nutrition, Surveillance, Disease Prevention and Control	Caribbean Public Health Agency
Ms.	Sara	Bosch de Noya	Registered Dietitian, Diabetes Educator	Bermuda Diabetes Association
Hon. Lieutenant Colonel	Jeffrey	Bostic	Minister	Ministry of Health and Wellness, Barbados
Ms.	Krystal	Boyea	Health Advocate/ Patient Experience Professional	The Living Collection Inc.
Hon.	Santia	Bradshaw	Minster / Leader of Government Business	Ministry of Education, Technological and Vocational Training, Barbados
Dr.	Diane	Brathwaite	Clinical Consultant and Coordinator	Barbados Diabetes Foundation
Ms.	Stacia	Browne	Communications Officer	Heart and Stroke Foundation of Barbados
Dr.	Janelle	Bryan	Wellness Director and Consultant/ Chair	Temple Fitness & Wellness/ National Task Force on Wellness, Barbados

Title	First Name	Surname	Position	Organisation
Ms.	Deonne	Caines	Technical Officer, National Food Industry Task Force	Ministry of Health and Wellness, Jamaica
Ms.	Margaret	Campbell-Leslie	Deputy Director of Commerce	Ministry of Small Business, Entrepreneurship and Commerce, Barbados
Ms.	Nadine	Carty-Caines	Coordinator, Health Promotion Unit	Ministry of Health & Gender Affairs, St. Kitts and Nevis
Ms.	Francine	Charles	Programme Manager	Heart and Stroke Foundation of Barbados
Dr.	Christine	Chin	Member of the Board of Directors / Lead	Healthy Caribbean Coalition / Healthy Lifestyles Team of Cancer Society of the Bahamas
Ms.	Donnelle	Christian	Communications Manager, Caribbean Region	Vital Strategies
Dr.	Renata	Clarke	Sub-Regional Coordinator	Food and Agriculture Organization (FAO)
Dr.	Kenneth	Connell	President	Heart and Stroke Foundation of Barbados
Mr.	Pierre	Cooke	Youth Technical Advisor	Healthy Caribbean Coalition
Ms.	Gabriellé	Cumberbatch	Youth Council Member	dance4LifeBarbados Youth Council
Dr.	Rudolph	Cummings	Programme Manager, Health Sector Development	CARICOM Secretariat
Dr.	Fabio	da Silva Gomes	Advisor, Nutrition and Physical Activity	Department of Noncommunicable Diseases and Mental Health, PAHO
Ms.	Michelle	Daniel	Chief Executive Officer	Heart and Stroke Foundation of Barbados
Mr.	Andrew	Dhanoo	President	Diabetes Association of Trinidad and Tobago
Mr.	Michael	Diamond	Vice-President	National Consumers League, Jamaica
Mr.	Don	Dobson	Information and Public Relations Officer	Broadcasting Commission of Jamaica
Ms.	Shakira	Emtage-Cave	Director	Dance4LifeBarbados
Dr.	Mychelle	Farmer	Chair, Governing Council	NCD Child
Ms.	Nicole	Foster	Attorney At Law/ Lecturer/ HCC Policy Advisor	University of the West Indies/ Healthy Caribbean Coalition
Dr.	Owen	Gabriel	Chair	National NCD Commission, St. Lucia
Mr.	Luis	Galicia	Consultant – Noncommunicable Diseases Programme	Ministry of Public Health, Uruguay
Ms.	Anne	Getrouw	Nutritionist	Bureau of Public Health Suriname
Mr.	Danny	Gill	Director, Planning and Research Unit	Ministry of Health and Wellness, Barbados
Ms.	Keisha	Gittens	Wellness Champion & Officer, Compliance & Business Support	CIBC FirstCaribbean International Bank
Dr.	Damian	Greaves	Chair	National Chronic NCD Commission, Grenada
Ms.	Holly	Greaves	General Manager	National Insurance Scheme, Guyana
Dr.	Del	Hamilton	Acting Medical Officer of Health	Ministry of Health, Wellness and the Environment, St. Vincent and the Grenadines

Title	First Name	Surname	Position	Organisation
Sir	Trevor	Hassell	President/ Chair	Healthy Caribbean Coalition/ National NCD Commission, Barbados
Dr.	Anselm	Hennis	Director, NCDs and Mental Health	PAHO
Ms.	Daisry	Higgs	Senior Administrator	Ministry of Education, Bahamas
Mr.	Ian	Ho-A-Shu	Senior Health Specialist	Inter-American Development Bank
Ms.	Heather	Hollis	Senior Customs Officer	HM Customs Department - Bermuda
Dr.	James	Hospedales	Chair of the Board	Defeat-NCD Partnership
Ms.	Maisha	Hutton	Executive Director	Healthy Caribbean Coalition
Ms.	Marsha	Ivey	Lecturer, Public Health	Faculty of Medical Services, UWI
Mr.	Lawrence	Jaisingh	Head Research and Policy	Ministry of Health, Trinidad and Tobago
Ms.	Juanita	James	President	Antigua and Barbuda Diabetes Association
Mr.	Fransen	Jean	Food Security Officer, Subregional Office for the Caribbean	Food and Agriculture Organization
Ms.	Paula	Johns	Director/Board Member	ACT Health Promotion/ NCD Alliance
Dr.	Aloys	Kamuragiye	Representative	United Nations Children Fund (UNICEF)
Ms.	Rosita (Christobelle)	King	President	St. Vincent and the Grenadines Diabetes and Hypertension Association.
Professor	Mary	L'Abbe	Professor/Director	Department of Nutritional Sciences/WHO Collaborating Centre on Nutrition Policy for Chronic Disease, University of Toronto
Mr.	Reginald	Lafleur	Secretary	Dominica Diabetes Association
Mr.	Christopher	Laurie	Coordinators Model Schools Programme	Heart and Stroke Foundation of Barbados
Dr.	Patrice	Lawrence-Williams	Advisor, NCDs and Mental Health	Pan American Health Organization
Ms.	Cheryl	Lewis	Technical Officer - Food	Barbados National Standards Institution
Dr.	Fabian B.	Lewis	Director, Research and Analysis Unit, Taxation Policy Division	Ministry of Finance and the Public Service, Jamaica
Ms.	Yvonne	Lewis	Director, Health Education Division	Ministry of Health, Trinidad and Tobago
Ms.	Teresa	Marshall	Consultant	National Organizing Committee for United Nations Conference on Trade and Development (UNCTAD) VX
Mr.	Adrian	McCarthy	Deputy Chief Chemist and Assistant Director Food and Drugs, Food and Drugs Division	Ministry of Health, Trinidad and Tobago
Dr.	Lisa	McClellan-Trotman	Eastern Caribbean Communication for Development Specialist	UNICEF
Ms.	Barbara	McGaw	Project Manager, Global Health Advocacy Project/ Tobacco Policy Advisor	Heart Foundation of Jamaica
Mr.	Pedro	Medford	Senior Manager, Pensions and Benefits	CIBC FirstCaribbean International Bank

Title	First Name	Surname	Position	Organisation
Dr.	Keddy	Moise	Physician in charge of FHADIMAC's medical clinics / Coordinator of training programmes	Fondation Haïtienne de Diabète et de Maladies Cardio-Vasculaires (FHADIMAC)
Professor	Winston	Moore	Professor of Economics and Deputy Principal	University of the West Indies, Cave Hill Campus
Ms.	Karlene	Morrish-Cooke	Communications Officer	Heart Foundation of Jamaica
Ms.	Rachel	Morrison	In-country Coordinator for Barbados and Jamaica	Global Health Advocacy Incubator (GHAi)
Dr.	Madhuvanti	Murphy	Senior Lecturer in Qualitative Research Methods	The George Alleyne Chronic Disease Research Centre - University of the West Indies, Cave Hill
Dr.	Sonia	Nixon	Senior Medical Officer Chronic Disease, Focal Point NCDs	Ministry of Health/ NCD Commission, Grenada
Dr.	Maxine	Nunez	Board Member / Principal Investigator	Healthy Caribbean Coalition/ Eastern Caribbean Health Outcomes Research Network (ECHORN)
Ms.	Vonetta	Nurse	Advocacy Officer	Global Health Advocacy Project, Heart Foundation of Jamaica
Dr.	Asha	Pemberton-Gaskin	Consultant / Congress Committee Chair	Ministry of Health, Trinidad and Tobago / Caribbean Congress on Adolescent and Youth Health
Ms.	Camiel	Pennycooke	Policy Analyst	Ministry of Industry, Commerce, Agriculture and Fisheries, Jamaica
Dr.	Arthur	Phillips	Senior Medical Officer of Health (NCD)	Ministry of Health and Wellness, Barbados
Ms.	Jan	Phillips	Advocacy Officer	Heart and Stroke Foundation of Barbados
Ms.	Hedda	Phillips-Boyce	Education Officer	Ministry of Education, Technological and Vocational Training, Barbados
Professor	Lisa	Powell	Distinguished Professor and Director, Health Policy and Administration, School of Public Health	University of Illinois at Chicago
Dr.	Elisa	Prieto	Advisor, NCDs and Mental Health Subregional Programme Coordination-Caribbean	PAHO/WHO
Dr.	Carlene	Radix	Board Member / Head, Health Desk	Healthy Caribbean Coalition/ Organisation of Eastern Caribbean States (OECS)
Ms.	Cecilia	Ramirez-Smith	Deputy Chief Education Officer	Ministry of Education, Belize
Ms.	Leila	Raphael	Director	dance4LifeBarbados
Dr.	Tamara	Remy	President	St. Lucia Cancer Society
Ms.	Hannah	Ridgeon	Advocacy and Research Officer	dance4LifeBarbados
Ms.	Laura	Roberts-Hall	President	Trinidad & Tobago Association of Nutritionists and Dieticians
Ms.	Jamie-Lee	Rocke	Business Development Officer	University of West Indies Open Campus

Title	First Name	Surname	Position	Organisation
Sen. Rev.	John	Rogers	Rector	St. George Parish Church, Barbados
Ms.	Mignon	Rolle-Shillingford	Coordinator of Health Promotion	Ministry of Health and Social Services, Dominica
Dr.	Thomas	Samuel	Director of International Trade	Ministry of Commerce, International Trade, Enterprise Development, Investment and Consumer Affairs, St. Lucia
Dr.	Karen	Sealey	Board Member / Steering Committee Member	Healthy Caribbean Coalition / Trinidad & Tobago NCD Alliance
Mr.	Amitabh	Sharma	Senior Copy Editor, Overseas Publications	The Gleaner Co. (Media) Ltd.
Dr.	Kavita	Singh	Coordinator, Chronic Diseases Unit	Ministry of Public Health, Guyana
Ms.	Lavine	Small	Administrative Assistant	Heart and Stroke Foundation of Barbados
Dr.	Simone	Spence	Actg. Director Health Promotion & Protection Branch	Ministry of Health and Wellness, Jamaica
Ms.	Imani	St. Rose	Youth Advocate	Barbados Childhood Obesity Prevention Coalition
Ms.	Nisa	Surujbally	Consultant	Not Applicable
Ms.	Phillipa	Sylvester	Youth Advocate/ Coach	Barbados Childhood Obesity Prevention Coalition/ United Athletic Club (UAC)
Ms.	Jenna	Thompson	Advocacy Officer	Healthy Caribbean Coalition
Dr.	Monique	Thompson	Manager, Healthcare Quality & Wellness Development	The National Health Insurance Authority (NHIA), The Bahamas
Ms.	Rachel	Thompson	Policy Fellow	World Obesity Federation
Dr.	Si	Thu Win Tin	Team Leader – NCD Prevention and Control Programme, Public Health Division	The Pacific Community (SPC)
Mr.	Rondell	Trim	Youth Advocate	Barbados Childhood Obesity Prevention Coalition
Ms.	Heather Mia	Usher Reneau	Senior Administrator	Belize Cancer Society
Ms.	Sheena	Warner-Edwards	HCC Social Media Content Coordinator and Communications Officer	Healthy Caribbean Coalition
Ms.	Janine	White	Wellness Champion & Officer, Corporate Security	CIBC FirstCaribbean International Bank
Ms.	Claire	Wingfield	Associate Director for Advocacy	Global Health Advocacy Incubator
Mr.	Corey	Worrell	Executive Director	C2J Foundation Inc.
Mr.	Godfrey	Xuereb	Representative, Barbados and Eastern Caribbean Countries	PAHO/WHO

ANNEX 2: MEETING PROGRAMME

ACCELERATING NUTRITION POLICIES IN THE CARIBBEAN <i>Creating Supportive Environments for Healthy Children</i> MEETING PROGRAMME – DAY 1 SEPTEMBER 17-18, 2019 ACCRA BEACH HOTEL AND RESORT, BARBADOS		
8.00 – 8.30	REGISTRATION	
	MORNING SESSION OPENING	MODERATOR: Sir Trevor Hassell
8.15 – 8.35	Welcome - Introduction to meeting and Call to Action	Sir Trevor Hassell Ms. Maisha Hutton HCC
8.35 – 9.00	Official Opening Welcome	Honourable Lieutenant Colonel Jeffrey Bostic <i>Minister of Health and Wellness, Barbados</i> Honourable Santia Bradshaw <i>Minster of Education, Technological and Vocational Training and Leader of Government Business</i>
9.00 – 9.30	Keynote Speaker	Ms. Paula Johns <i>ACT Brazil and NCD Alliance</i>
	THE SIZE OF THE PROBLEM AND COMMITMENTS TO ACT	MODERATOR: Sir Trevor Hassell, HCC
9.30 – 9.40	PAHO Regional Response <i>(10 min presentation)</i>	Dr. Anselm Hennis <i>PAHO Headquarters</i>
9.40 – 9.50	CARPHA 6-point policy package <i>(10 mins presentation)</i>	Ms. Christine Bocage CARPHA
9.50 – 10.00	CARICOM <i>(10 min presentation)</i>	Dr. Rudy Cummings <i>CARICOM Secretariat</i>
10.00 – 10.15	Q&A <i>(15 min)</i>	Moderator: Dr. Kenneth Connell <i>Heart & Stroke Foundation of Barbados</i>
10.15 – 10.45	HEALTH BREAK Quick Café Chat: The Scope and Challenge of Regulating Marketing of SSBs to Children Barbados Youth Jamaica Global Caribbean Pacific <i>(14 min lightning round panellist comments followed by 8 min discussion)</i>	Session Moderator: Dr. Mychelle Farmer <i>NCD Child</i> Ms. Stacia Browne, HSFB Mr. Pierre Cooke Jr, HCC Ms. Kay Morrish-Cooke, HFJ Ms. Rachel Thompson, WOF Ms. Jenna Thompson, HCC Dr. Si Thu Win Tin, Pacific Community
	THE EVIDENCE BEHIND THE COMMITMENTS	MODERATOR: Sir Trevor Hassell, HCC
10.45 – 11.20	Evidence: Taxation of Sweet Beverages <i>(20 min virtual presentation and 15 min Q&A)</i>	Professor Lisa Powell <i>University of Illinois at Chicago</i>
11.20 – 11.55	Evidence: FOPL and PAHO nutrient profile model <i>(20 min presentation and 15 min Q&A)</i>	Dr. Fabio da Silva Gomes <i>PAHO Headquarters</i>

11.55 – 12.30	Evidence: Healthy school policies (20 min presentation and 15 min Q&A)	Professor Mary R. L'Abbé <i>University of Toronto</i>
12.30 – 1.30	LUNCH & GROUP PHOTO	
	AFTERNOON SESSION FROM POLICY TO ACTION: GLOBAL EXAMPLES OF NUTRITION POLICY TO TACKLE CHILDHOOD OBESITY	MODERATOR: Dr. Karen Sealey, HCC
1.30 – 2.15	ROUND TABLE	
	Chile (15 min presentation)	Ms. Constanza Astorga Mercado <i>Ministry of Health, Chile</i>
	Uruguay (15 min presentation)	Mr. Luis Galicia <i>Ministry of Public Health, Uruguay</i>
	Canada (15 min presentation)	Professor Mary R. L'Abbé <i>University of Toronto</i>
2.15 – 3.00	PLENARY DISCUSSION What lessons can we learn from these global experiences to guide regional strategies?	Chairperson Dr. James Hospedales <i>Defeat-NCD Partnership</i>
3.00 – 3.15	HEALTH BREAK	
	BARRIERS TO EFFECTIVE IMPLEMENTATION	MODERATOR: Dr. Kavita Singh <i>Ministry of Public Health, Guyana</i>
3.15 – 3.30	Conflict of Interest and Nutrition Policy: Spotting Industry Interference and managing COI (15 min presentation)	Ms. Rachel Morrison <i>Global Health Advocacy Incubator</i>
3.30 – 3.45	Trade policies – barriers to, and opportunities for, implementing nutrition policies (15 min presentation)	Ms. Nicole Foster <i>HCC</i>
3.45 – 4.00	Q&A (15 min)	MODERATOR
4.00 – 4.15	The UNICEF Regional Response to Childhood Obesity (10 min presentation and 5 min Q&A)	Mr. Aloys Kamuragiye <i>UNICEF</i>
4.15 – 4.30	The FAO Regional Response to Childhood Obesity (10 min presentation and 5 min Q&A)	Dr. Renata Clarke <i>FAO</i>
4.30 – 5.20	PANEL OF STAKEHOLDERS FROM SECTORS OTHER THAN HEALTH: Perspectives on overcoming barriers and accelerating nutrition policies Youth Community Faith-based Community Parents Media (30 min panel discussion and 20 min Q&A)	Chairperson Dr. Virginia Asin Oostburg <i>Rotary Suriname</i> Mr. Rondell Trim <i>Youth Leader</i> Mr. Corey Worrell <i>Community Thought Leader</i> Senator Reverend John Rogers <i>Anglican Church, Barbados</i> Ms. Raffiena Ali-Boodoosingh <i>Trinidad and Tobago PTA Association</i> Mr. Amitabh Sharma <i>The Gleaner Co. (Media) Ltd.</i>
5.20 – 5.30	WRAP-UP	Mr. Andrew Dhanoo <i>Diabetes Association of Trinidad and Tobago</i>

ACCELERATING NUTRITION POLICIES IN THE CARIBBEAN <i>Creating Supportive Environments for Healthy Children</i> MEETING PROGRAMME – DAY 2 <i>SEPTEMBER 17-18, 2019 ACCRA BEACH HOTEL AND RESORT, BARBADOS</i>		
	MORNING SESSION: REGIONAL EXPERIENCES	MODERATOR: Dr. Damian Greaves <i>Grenada NNDC</i>
8.00 – 8:35	Recap Day 1, Introduction to Day 2	Dr. Carlene Radix <i>HCC, OECS Health Desk</i> Mr. Andrew Dhanoo <i>Diabetes Association of Trinidad and Tobago</i>
8.35 – 8:50	HCC Advocacy for Nutrition Policies <i>(15 min presentation)</i>	Ms. Maisha Hutton <i>HCC</i>
8.35 – 8:50		
	Nutrition Labelling	
8.50 – 9.20	CROSQ current status of regional process, updates and next steps <i>(15 min presentation and 15 min Q&A)</i>	Ms. Cheryl Lewis Barbados National Standards Institution and CROSQ
9.20 – 10.15	Caribbean and other regional experiences advocating for Mandatory Front of Package Nutrition Warning Labels <ul style="list-style-type: none"> - Antigua and Barbuda - Jamaica - Uruguay <i>(30 min presentations and 25 min Q&A)</i>	Chairperson Dr. Elisa Prieto <i>PAHO Subregional Programme Coordination-Caribbean</i> Ms. Juanita James <i>Diabetes Association of Antigua and Barbuda</i> Ms. Vonetta Nurse <i>Heart Foundation of Jamaica</i> Mr. Luis Galicia <i>Ministry of Public Health, Uruguay</i>
10.15-10.30	HEALTH BREAK	
	School Policies	
	Caribbean Experiences with Bans or Restrictions on Sweet Beverages in Schools <ul style="list-style-type: none"> - Belize - Barbados - Jamaica - Trinidad and Tobago <i>(40 min presentations and 30 min Q&A)</i>	Chairpersons Ms. Krystal Boyea , <i>The Living Collection Inc.</i> , and Mr. Pierre Cooke Jr. , <i>HCC</i> Ms. Cecilia Ramirez Smith <i>Ministry of Education, Belize</i> Ms. Francine Charles <i>Heart & Stroke Foundation of Barbados</i> Dr. Simone Spence <i>Ministry of Health, Jamaica</i> Ms. Yvonne Lewis <i>Ministry of Health, Trinidad and Tobago</i>
11.40 – 12:00	The Political Economy of NCDs <i>(10 min presentation and 10 minutes of Q&A)</i>	Dr. James Hospedales <i>Defeat-NCD Partnership</i>

12.00 – 1.00	LUNCH	
	AFTERNOON SESSION: REGIONAL EXPERIENCES CONTINUED	Dr. Madhuvanti Murphy <i>GA-CDRC, UWI, Cave Hill</i>
	Fiscal Policies	
1.00 – 2.15	<p>Caribbean Experiences with Taxes on Sweet Beverages</p> <ul style="list-style-type: none"> - Barbados - Bermuda - St. Kitts and Nevis - Jamaica <p><i>(45 min presentations and 30 min Q&A)</i></p>	<p>Chairperson: Mr. Vincent Atkins <i>HCC and CARICOM</i></p> <p>Professor Winston Moore <i>University of the West Indies</i></p> <p>Ms. Heather Hollis/ Ms. Sara Bosch de Noya <i>HM Customs Bermuda / Bermuda Diabetes Association</i></p> <p>Ms. Nadine Carty-Caines <i>St. Kitts and Nevis Ministry of Health</i></p> <p>Ms. Barbara McGaw <i>Heart Foundation of Jamaica</i></p>
2.15 – 3.15	<p>PANEL OF POLICYMAKERS FROM SECTORS OTHER THAN HEALTH: Perspectives on overcoming barriers and accelerating nutrition policies</p> <p>Finance</p> <p>Education</p> <p>Industry, Commerce, Agriculture and Fisheries</p> <p>Trade</p> <p><i>(60 min panel discussion and Q&A)</i></p>	<p>Chairperson: Sir Trevor Hassell <i>HCC</i></p> <p>Mr. Fabian B. Lewis <i>Ministry of Finance and the Public Service, Jamaica</i></p> <p>Ms. Daisry Higgs <i>Ministry of Education, The Bahamas</i></p> <p>Ms. Camiel Pennycooke <i>Ministry of Industry, Commerce, Agriculture and Fisheries, Jamaica</i></p> <p>Dr. Thomas Samuel <i>Ministry of Commerce, International Trade, Investment, St. Lucia</i></p>
3.15 – 3.30	HEALTH BREAK	
3.30 – 4:15	<p>THE CALL TO ACTION: <i>Accelerated Nutrition Policy in support of the 2025 GAP and the 2030 Agenda</i></p> <p>Group Work (3 groups)</p> <p><i>(45 min group work session)</i></p>	<p>Chairperson: Ms. Maisha Hutton <i>HCC</i></p> <p>Facilitators: Ms. Barbara McGaw Ms. Vonetta Nurse Ms. Francine Charles</p>
4.15 – 4.45	<p>Presentations of Group Work and Final CTA (30 min group presentations)</p>	<p>Chairperson Ms. Maisha Hutton <i>HCC</i> <i>Group Presenters</i></p>
4.45 – 5.00	WRAP-UP AND CLOSE OF MEETING	<ul style="list-style-type: none"> • Dr. Maxine Nunez, <i>HCC</i>

ANNEX 3: OFFICIAL OPENING WELCOME: MINISTER OF HEALTH AND WELLNESS

LIEUTENANT COLONEL THE HONOURABLE JEFFREY BOSTIC, MINISTER OF HEALTH AND WELLNESS,
BARBADOS

“Constructing Supportive Health Environments towards a Stronger Defense”

It is a special privilege for me to welcome you to this very important HCC meeting on *Accelerating Nutritional Policies in the Caribbean: Creating Supportive Environments for Healthy Children*, as the Minister of Health and Wellness. I also extend a special welcome to other members of our “one Caribbean health environment”, especially my comrades in the various Ministries of Health. I recognize that some of you may have experienced challenges, whether regional air travel- or natural disaster-related, and I congratulate on your persistence on being here to add your voice to this conversation.

Let me start by declaring that, although I am welcoming you in my official capacity as Minister of Health & Wellness, this meeting is of personal significance to me, because, as a citizen of this island, and a son of this vulnerable region, I have much more than a professional interest in the discussions you will have over the next two days. Indeed, I have a vested interest in the policies that you construct, and the plans that you propose to implement them. I have an interest in intimately knowing the details of how you set out timelines, and various performance metrics, and also, what efforts you have taken to ensure stakeholder buy-in and involvement. I am very interested to know these specific outcomes, not only as leader of the ministerial portfolio of Health & Wellness, but as a father, grandfather, and godfather; simply put, this information is important to me as a citizen of this Caribbean space.

My professional life has been enhanced through the service of my country in the Barbados Defence Force. And although I am aware that many of you are of the health care landscape, I will share with you what I see as our challenges, through this lens, of an ever present enemy to this region.

I propose to execute my advice, with some military precision, under the following FOUR questions:

1. How do we define the enemy and what are the possible security breaches in our environment?
2. What strategies need to be in place to attack?
3. When to attack?
4. When to reanalyze & re-strategize the attack?

1. How do we define the enemy?

The non-communicable diseases (NCDs) are ravaging the islands of this region. They do so, not as threatening as this most recent enemy, Hurricane Dorian, but claim much devastation disguised in our territories as a friend, not foe. Although traditional health metrics describe diseases like high blood pressure, diabetes and obesity, these are driven by an enemy camouflaged in our environment in the social determinants of health. It has penetrated and corrupted our health environments, in a most cunning and slow-moving way, and now ravages the most vulnerable amongst us, our children. I cannot easily digest the statistic that 1 in 3 children in this country is obese or overweight. It shocks me, as a grandfather, that the Barbados I leave behind may be less healthy than the one I inherited. This does not sit well with me, and it shouldn't.

When I growing up, there was no WiFi, Wii or Wikipedia, and the sweat of my brow bore real meaning to me as a young man. And I was not at all afraid of being persuaded to eat fast food; all food was slow - slowly grown, skillfully prepared, and with local fruits and vegetables, from a tree and not a can! This was my environment. It wasn't just a healthy lifestyle, it was the only lifestyle!

This has changed slowly, over decades. The enemy has undergone a metamorphosis into more sophisticated forms, like transport systems and technologies that make it easier to be sedentary, whilst taking out gym memberships - exercise on demand! And its tentacles beacons our most vulnerable citizens, in our schools, where they now spend time and work, but possibly with little play. Where water is not attractive, or even available, as its more attractive competitors. And where lunch time is now spent engaged with "smart" technology, rather than in physical activity. And so we must ask ourselves, have we carefully identified the enemy, in all of its many guises?

2. What strategies need to be in place to attack?

Based on my brief description about what I see as the enemy we face, it logically follows that our strategies for attack must be equally cunning and sophisticated. They should not be random or chaotic, but has to be a coordinated, well-rehearsed, exercised, executed targeted precision. As an urgency, we need to develop strategies that protect our children. Meetings such as this one, titled **"ACCELERATING NUTRITION POLICIES IN THE CARIBBEAN: Creating Supportive Environments for Healthy Children"**, serve as opportunities to develop, discuss, and dedicate efforts for policies to address urgent environmental changes:

- Increase physical activity in schools - to allow our children to play and compete. This needs to be both part of the formal and hidden curriculums, and has to extend beyond the school day into our villages, parishes, and national communities. Whether it takes the use of sports behavioral psychologists, or national task forces on physical activity, our children deserve the opportunity develop mentally, with physical activity.
- Healthy foods & access to water: This audience knows very well the impact nutrition alone has on the health of our children. Unhealthy snacks, diets high in processed foods and low in vegetables and fruits, are recipes for a weaker future, and early death from obesity related heart attacks and stroke. Front of package label is a potential intervention, married with public education of food composition, to create more aware and informed consumer. Free access to water, and easy access to seasonal fruits and vegetables, must become the norm, so that the palate of our future leaders is changed. The "culture" must be transformed so that it becomes unnatural to eat unhealthily in such a healthy school environment.

3. When to attack?

This is by far your most critical challenge. Because even with the most wholistic identification of the enemy and breaches in one's environment, and with the best constructed strategy of attack, timing is everything! You must determine, how will the policies which you discuss over the next two days, be implemented in a sequential manner, engaging your health stakeholders, and the people you represent, to best achieve your objectives. There must be a very delicate balance of research and surveillance, matched with decisive action. You do not have a decade to defeat the enemy. You must continue to partner with your governments, lobbying for policy and action, to repair and safeguard our landscape.

4. When to reanalyze & re-strategize the attack?

You would have noted in my earliest words to you this morning, I suggested that our enemy is very cunning and clever. The strategies and policies you must employ in 2019, may not be the most effective in 2030, or even 2025! You should guard against the comfort and arrogance of thinking that the policies you discuss today are infinitely valid. They are not. You will need to return to base, on many occasions, to assess the impact of your interventions, and to identify potential weaknesses in your strategy.

In closing:

I want to close by congratulating the Healthy Caribbean Coalition on calling you to today's table, to discuss "ACCELERATING NUTRITION POLICIES IN THE CARIBBEAN: Creating Supportive Environments for Healthy Children". I am confident that this will not only be a meeting of the most valuable minds the health communities of this region have produced, but I sincerely hope that your focus remains the future minds you are safeguarding. The regional governments are depending on you to assist us in drafting our own policies and innovations.

I welcome you, on behalf of the government and people of Barbados, as Minister of Health and Wellness, to this meeting on the south coast of Barbados. I am, however, eagerly listening for your solutions, not only in this capacity, but also as a citizen of the region, and a cohabitant of our health environment.

ANNEX 4: OFFICIAL OPENING WELCOME: MINISTER OF EDUCATION, TECHNOLOGICAL AND VOCATIONAL TRAINING/ LEADER OF GOVERNMENT BUSINESS

Honourable Santia Bradshaw, Minister of Education, Technological and Vocational Training, and Leader of Government Business

Good morning.

It is with pleasure that I welcome all stakeholders internationally, regionally and nationally, to this critical meeting. Those of you who travelled here from overseas for this meeting I do hope you are afforded the opportunity to see our beautiful island.

This meeting is critical because not only are we addressing issues about non-communicable diseases but serious matters that affect are nation's health and wealth. Our children are our future and it is incumbent on us to safe guards their well-being. Childhood Obesity is now considered the new world epidemic by doctors and the world's fastest health concern. Many significant researchers reveal that several of our children's dietary habits are unhealthy and are contributing to obesity at a rapid rate. My government is cognizant of the exorbitant sums of money spent on treating Non-communicable Diseases (NCDs) and without a doubt, I can safely say, the figures spent on treating NCDs will increase exponentially if the dietary habits of our children do not change.

Research conducted in 2018 by M.A. St. John and K.A. Rudder, on behalf of the Heart and Stroke Foundation of Barbados, revealed that meals offered by canteens in 21 secondary schools are not as healthy as they ought to be. Data showed that the most frequent food items were: white potato fries (88%), burgers (82%), baked/fried chicken and chips (71%) and rotis (65%). Some schools sold salted, high fat protein (pig tails) snack boxes (18%). It also revealed that meals lacked the incorporation of adequate vegetable servings. Sugar-sweetened beverages were available on all compounds (100%). It must be noted that a 16oz bottle of carbonated drink can contain as much as 18 teaspoons of sugar. Fruits were available at some (13%) of the schools whilst working water fountains were present at (41%).

The Ministry of Education, Technological and Vocational Training (METVT) is committed to making schools healthier and safe places for students in order to establish conditions which realize their full potential. Schools cater to the students' holistic development as well as the academic and research shows that health and educational success are intertwined: Schools achieve their primary mission of education when students are healthy. Educational institutions are therefore, strategically placed to create a healthy food environment through the choices of foods offered to the students. Schools also play a vital role in teaching students about sound healthy eating habits and reinforcing those lessons through good school practices.

To this end, my Ministry is in the process of introducing a number of strategies to alleviate the worrisome problem of childhood obesity in Barbados.

The following initiatives are a work in progress at the Ministry of Education, Technical and Vocational Training and after collaboration with multisector partners, initiatives will be rolled out during this school year.

Firstly, A Frame Work for a Food and Nutrition Policy for Private and Public Nursery, Primary and Secondary Schools in Barbados has been drafted. This document is a blueprint which gives directions and guidance to concessionaires and vendors in order to maintain the sale of healthy dishes and snacks as well as maintain high sanitary standards in all spaces of sale of goods on the school's compound. The Heart and Stroke Foundation of Barbados must be commended for training canteen concessionaires who presently operate school canteens.

Secondly, Guidelines for Canteen Concessionaires is currently a draft document. This manual serves as a guide for the concessionaires and focuses on suggestions on the type of healthy foods that can be prepared for the school population as well as sanitation and safety. The student body constitutes a captive market for canteen concessionaires who supply up to 1/3 of the daily recommended nutritional requirements for each child. The guidelines therefore gives advice on the quality of food and drink recommended to achieve good health and halt and or decrease overweight among Barbadian children.


Thirdly, a Food Nutrition and Health Quiz and a Food Presentation Competition on NCDs. The over-arching purpose of this activity is to create an interesting and fun-filled way to educate students and all sectors of the population regarding problems related to NCDs. All persons are affiliated to a school in some way and it is hoped that the quiz will attract peoples' attention as all social media platforms will be utilised. It is anticipated that the population will garner information about NCDs through the quiz and how to change their dietary habits to adopt healthy life styles. It is expected that the information garnered from the activity will be shared with family, friends and work colleagues. The other component of the quiz/competition is the food preparation aspect. It is anticipated that there will be creative, attractive, tasty and healthy dishes presented by primary and secondary schools.

Teachers play a very important part in the process of disseminating information and this Ministry will expect that teachers of Home Economics, Science, Physical Education and Health and Family Life Education classes in particular will take the opportunity to integrate information on adopting healthy lifestyles. Additionally, information regarding healthy lifestyles can be conveyed at assemblies,

Finally, school is about the holistic development of the child and health, academics and success are interrelated. Schools cannot achieve their primary mission of education if students are not fit mentally, socially and physically. The growing issue of Childhood Obesity can be slowed or halted if we focus on addressing the causes. There are other strategies that can be introduced to ensure that students are mentally, socially and physically healthy but my Ministry will work incrementally to ensure that obesogenic environments are eliminated.

Ladies and Gentleman, our own Dr. Kenneth George, Chief Medical Officer, Ministry of Health (Ag.) advises that "We must reverse the increased consumption of foods prepared outside of the home which are highly refined and processed: and increase the consumption of traditional and locally sourced foods." The Ministry of Education, Technical and Vocational Training intends to work with other Ministries and Non-Governmental Organizations to reverse the troubling trend of childhood obesity. We are ever mindful that they are the ones on whose shoulders the future of our country rests. They must be healthy in order to increase and maintain high levels of productivity necessary to take this country forward; it is our moral responsibility to create healthy spaces in our schools and other environments for our children. The Ministry of Education commends the Healthy Caribbean Coalition for keeping the issues of Childhood Obesity in the minds of the people.

Once again, welcome to Barbados and I wish you a productive meeting.



ANNEX 5: HCC CALL TO ACTION



HEALTHY CARIBBEAN COALITION

A CIVIL SOCIETY CALL TO URGENT ACTION FOR THE CARIBBEAN REGION TO ACCELERATE NUTRITION POLICIES FOR THE CREATION OF HEALTHY ENVIRONMENTS FOR CARIBBEAN CHILDREN

September 2019

Arising out of a multisectoral regional meeting “**Accelerating Nutrition Policies in the Caribbean: Creating Supportive Environments for Healthy Children**”, 17-18 September 2019¹ in Bridgetown, Barbados, the Board of Directors and the Members of the Healthy Caribbean Coalition (HCC), are calling for the **urgent acceleration of nutrition policies** in the Caribbean to create healthier food environments and address the epidemic of overweight and obesity among Caribbean children².

1. THE CALL

The HCC is calling on the Caribbean region to work across sectors in partnership to achieve the urgent implementation of the following 3 priority nutrition policies:

1. **Mandatory Front of Package Nutrition Warning Labelling (FOPL)** to empower consumers to make healthier food choices.
2. **Banning the sale and marketing of sweet beverages in school settings and ensuring the availability of free drinking water** to reduce the consumption of these beverages among children.
3. **Taxation of sweet beverages of at least 20%** to reduce the consumption of these beverages among children.

Although the HCC recognises that a holistic package of policy interventions is needed to effectively address overweight and obesity as identified in the [WHO Report of the Commission Ending Childhood Obesity Implementation Plan: Executive Summary](#)³, the [PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents](#)⁴ the [CARPHA 6-Point Policy Package](#) and the [HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](#) (CSAP)⁵, it is critical to prioritize policy interventions given the limited resources available.

¹ <https://www.healthycaribbean.org/accelerating-nutrition-policies-in-the-caribbean/>

² HCC is using the Convention of the Rights of the Child (CRC) definition of child as anyone below the age of eighteen (18) years. <https://www.ohchr.org/documents/professionalinterest/crc.pdf>

³ <https://apps.who.int/iris/bitstream/handle/10665/259349/WHO-NMH-PND-ECHO-17.1-eng.pdf?sequence=1>

⁴ <https://www.paho.org/hq/dmdocuments/2015/Obesity-Plan-Of-Action-Child-Eng-2015.pdf>

⁵ <https://www.healthycaribbean.org/wp-content/uploads/2017/10/Preventing-Childhood-Obesity-in-the-Caribbean-CSAP-2017-2021.pdf>

2. THE HIGH-LEVEL COMMITMENT TO ADDRESS THE PROBLEM

CARICOM Heads of Government and State have acknowledged the scale and severity of the problem and the need for an urgent response.

In 2016, at the 37th Regular Meeting of CARICOM Heads of Government and State, a pledge was made ***“to address issues such as banning advertisement of potentially harmful foods which specifically target children; and elevating taxes on foods high in sugar, salt and trans-fats”***. One year later, at the 38th CARICOM Summit, on the 10-year anniversary of the Port of Spain Declaration, Heads of Government and State ***“noted with concern that obesity in children represented the greatest threat to the health of future generations with the level of overweight and obesity being more than 30% in both primary and secondary school populations in many Member States”***. In 2018, at the 39th Summit, CARICOM Heads of Government and State endorsed a number of priorities for the 3rd UN High Level Meeting on Noncommunicable Diseases (NCDs) including: ***“implementing policies geared to preventing childhood obesity, including health-promoting school environments and Front of Package (FOP) labelling”***.

3. THE CONTEXT

Unhealthy diet is one of the major modifiable risk factors for NCDs and the primary contributor to overweight and obesity. Unhealthy diets alone pose a greater risk to morbidity and mortality than do unsafe sex, and alcohol, drug, and tobacco use combined⁶. Small Caribbean states are particularly vulnerable and urgent action is needed in this region to dramatically shift diets away from unhealthy ultra-processed foods towards healthier, ‘real’ foods. Policies with population-level impact are required to modify the food system and create environments in which healthy choices are easy choices and the major responsibility for such choices shifts towards governments and away from individuals. Governments are ultimately responsible for creating the environments that ensure that the health and wellbeing of their citizens comes first.

In the fast tracking of these policies the following must be remembered:

1. Childhood overweight and obesity is a **social justice issue** and represents at its core a violation of ***“the right of the child to the enjoyment of the highest attainable standard of health”*** under Article 24 of the United Nations Convention on the Rights of the Child⁷. All CARICOM Member States have ratified this **Convention**.
2. It is vital to view the issue of childhood obesity and the need to urgently implement policy solutions through a **rights-based** lens, one which acknowledges that the current environment in which children are conceived, born and grow is inherently obesogenic and consequently places them on a trajectory for unhealthy weights and early onset NCDs from the womb.
3. There is clear **evidence** both from within and outside of the region to support the implementation of these policies as effective tools to modify behaviours towards the consumption of healthy foods and making healthier choices.
4. A **multisectoral, whole-of-government and whole-of-society** approach is fundamental and must be at the centre of this work to ensure **policy coherence** across sectors and policy success.
5. A **food systems approach** is required to reorient Caribbean diets away from ultra-processed foods high in fats, sugars, and salt, towards healthy food from sustainable food systems.

⁶ The 2019 Lancet Report: Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems

⁷ <https://www.ohchr.org/documents/professionalinterest/crc.pdf>

1. There is need to identify and leverage **linkages, co-benefits and synergies** across other key issues such as climate change, taking advantage of resources available through those linkages.
2. Citizens must be provided with **access to information** to improve their health and nutrition literacy, and to better appreciate the justification for relevant policy development.
3. Governments, the main duty bearers in the rights-based approach, must establish **transparent and accountable governance systems**.
4. Systems must be put in place to identify and manage **conflicts of interest**, counter **industry obstruction**, and, ultimately, **safeguard nutrition policy** and the health of the region's children.

4. KEY ACTIONS ACROSS SECTORS

Against the background of the above, the HCC is calling on the following key actors to play their respective roles:

1. WE RECOGNISE THE PRIMARY RESPONSIBILITY OF GOVERNMENTS AS THE CUSTODIANS OF PUBLIC HEALTH AND CALL ON THE CARICOM POLITICAL LEADERSHIP TO:

- Move beyond the rhetoric and 'walk the talk' by fulfilling stated high-level commitments to tackle childhood obesity.
- Support the establishment and strengthening of National NCD Commissions to play their role in achieving multisectorality.
- Work with regional and international partners to build the technical capacity in key ministries (including health, education, trade, finance, agriculture, and commerce) and ensure policy coherence.
- Work with regional and international partners to build the capacity of governments to design, implement, enforce, and monitor policies, and enact supporting legislation and regulations.
- Safeguard nutrition policy and wider public health from private interests through the implementation of processes to manage, and avoid where possible, conflicts of interest and counter industry interference and obstruction in healthy nutrition policy development.

2. WE AS CIVIL SOCIETY COMMIT TO:

- Support the multisectoral effort aimed at improving nutrition in the Caribbean.
- Build capacity for civil society actors to advocate for healthy nutrition policies.
- Promote the formation of National NCD Alliances and/or Childhood Obesity Coalitions to support the amplification of voices through collaboration.
- Work with partners to implement national and regional awareness campaigns in order to create strong social movements supportive of healthy nutrition policies.
- Share and make easily accessible evidence for policy action.
- Support cross-country sharing of experiences in policy development, implementation, and monitoring.
- Contribute to strengthening surveillance systems to ensure data for monitoring.
- Play a watchdog role and monitor progress towards, and post, policy implementation.
- Hold political leadership accountable to their commitments publicly through various strategies, including open letters.

- Pressure governments to be transparent in their processes.
- Protect the policy process by identifying and highlighting instances of conflict of interest, industry threats or interference, and the undermining of the policy development process.

3. WE RECOGNISE THE ROLE AND INFLUENCE OF THE FOOD AND BEVERAGE SECTOR AND CALL ON THE PRIVATE SECTOR TO:

- Commit to supporting the multisectoral effort aimed at improving nutrition in the Caribbean.
- Adopt inclusive business models that complement policies, legislation, and regulations that enable healthy food environments.
- Hold the food and beverage sector accountable for respecting the right of children to access healthy foods and beverages, including:
 - a. Halting the sale and marketing of sweet beverages in school settings and other settings where children frequent.
 - b. Halting interference with evidence-based, effective nutrition policy, in particular taxation of sweet beverages and front of package labelling.
- Recognise and manage the inherent conflict of interest as it relates to the food and beverage sector, specifically:
 - a. Avoid sitting on the boards of companies or entities involved in nutrition policy development.
 - b. Avoid entering into contractual arrangements with institutions (especially in school settings) to provide unhealthy foods or beverages.

THE TIME TO ACT IS NOW!



For more information please contact the HCC at
hcc@healthycaribbean.org

or visit our website
www.healthycaribbean.org

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