MODEL NUTRITION POLICIES AND MARKETING REGULATIONS

VIRTUAL CARIBBEAN HEALTHY FOOD POLICY RESEARCH SYMPOSIUM | APRIL 5-6, 2022

NICOLE FOSTER, DEPUTY DEAN & HEAD, LAW AND HEALTH RESEARCH UNIT, FACULTY OF LAW, UWI, CAVE HILL CAMPUS
KIMBERLEY BENJAMIN, HEALTHY CARIBBEAN YOUTH MEMBER & ATTORNEY-AT-LAW
PRESENTATION OUTLINE

- Background
- Key Findings
- Next Steps
State Obligations

**RESPECT**: States to refrain from interfering with or curtailing enjoyment of human rights.

**PROTECT**: State to prevent third parties from interfering with the right, particularly re marginalised and vulnerable groups.

**FULFIL**: State to take action to facilitate, provide and promote the conditions in which the right can be fully realised.

**STATE OBLIGATIONS**

- **Universal**: All states are obligated.
- **Inalienable**: Rights cannot be taken away.
- **Interrelated**: Rights are interconnected.
- **Indivisible**: Rights are indivisible.
- **Interdependent**: Rights are interdependent.

**STATES OBLIGATIONS**

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KEY INTERNATIONAL HUMAN RIGHTS TREATIES FROM A CHILD RIGHTS PERSPECTIVE

CONVENTION ON THE RIGHTS OF THE CHILD
Adopted by the General Assembly on the United Nations on 20 November 1989

International Covenant on Economic Social and Cultural Rights

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General Comment 3: ‘The Nature of States Parties’ Obligations’

“… [W]hile the full realization of the relevant rights may be achieved progressively, steps towards that goal must be taken within a reasonably short time after the Covenant's entry into force for the States concerned. Such steps should be deliberate, concrete and targeted as clearly as possible towards meeting the obligations recognized in the Covenant…

3. The means which should be used in order to satisfy the obligation to take steps are stated in article 2 (1) to be "all appropriate means, including particularly the adoption of legislative measures". The Committee recognizes that in many instances legislation is highly desirable and in some cases may even be indispensable."
SPOTLIGHT: RIGHT TO HEALTH (ART 24 CRC; ART 12 ICESCR)

- Broad scope.
- Has been interpreted by the United Nations Committee on the Rights of the Child (CRC Committee) as

  “an inclusive right, extending … to a right to grow and develop to their full potential and live in conditions that enable them to attain the highest standard of health through the implementation of programmes that address the underlying determinants of health.”

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“States should also address obesity in children, as it is associated with hypertension, early markers of cardiovascular disease, insulin resistance, psychological effects, a higher likelihood of adult obesity, and premature death. Children’s exposure to “fast foods” that are high in fat, sugar or salt, energy-dense and micronutrient-poor, and drinks containing high levels of caffeine or other potentially harmful substances should be limited. The marketing of these substances – especially when such marketing is focused on children – should be regulated and their availability in schools and other places controlled.”

United Nations Committee on the Rights of the Child - General Comment on the right to health under Art. 24 (2013)
In addition to right to health language per se in the CRC, efforts to regulate the marketing of food and beverages in schools are also supported by the ‘best interests of the child’ principle set out in Article 3 of the Convention on the Rights of the Child (CRC). This principle is a foundational aspect of the CRC and requires that the best interests of the child be a primary consideration in all actions concerning children. The CRC Committee has stressed that:

‘[T]he best interests of the child as a primary consideration becomes crucial when states are engaged in weighing competing priorities, such as short term economic considerations and longer term development decisions.’

Committee on the Rights of the Child, General Comment No. 16 (2013) on State Obligations regarding the Impact of the Business Sector on Children’s Rights CRC/C/GC/16 17 April 2013 para. 17.
Schools are settings where children are a captive, vulnerable audience, ones “where students and parents have a special trust that action is taken in the best interests of children”.


Schools also have “an essential role to play in health promotion”.


Schools are important tools for creating brand awareness and building social norms, including in relation to SSB consumption.

Paola Bergallo, Valentina Castagnari, Alicia Fernandez, Raul Mejia, ‘Regulatory initiatives to reduce sugar- sweetened beverages (SSBs) in Latin America’
A MODEL POLICY FOR REGULATING THE AVAILABILITY & MARKETING OF UNHEALTHY BEVERAGES AND FOOD PRODUCTS

POLICY AND LEGISLATIVE GUIDANCE

FOR REGULATING THE AVAILABILITY AND MARKETING OF UNHEALTHY BEVERAGES AND FOOD PRODUCTS IN AND AROUND SCHOOLS IN THE CARIBBEAN
KEY FINDINGS

- **2019:** Jamaica | Interim Guidelines for Beverages in Schools | Gradual restrictions on the sale of SSBs in schools.
  - The Bahamas and Grenada | Bans on beverages high in sugar in schools.
  - Guyana | Announced plans to implement a ban on both the sale and marketing of beverages in schools.
  - Belize | Cabinet Paper announcing plans to implement regulations.

- **2018:** CARICOM Heads of Government and State | Commit to implementing a number of policies aimed at tackling childhood obesity, ‘health-promoting schools’ and front-of-package warning labels.

- **2017:** Trinidad and Tobago | Ban on sugar-sweetened beverages (SSBs) in schools.

- Weaknesses and strengths in policy approaches and elements were identified.
GOAL OF THE POLICY
The overarching goal of this Policy is to contribute to the attainment of children’s right to health and to adequate nutritious foods by creating healthy school food environments that enable school children to make informed, healthier choices.

OBJECTIVES OF THE POLICY
The specific objectives of this Policy are:

- to ban exposure to and the power of marketing of unhealthy beverages and food products in and around schools;
- to ban the availability and consumption of unhealthy beverages and food products in and around schools by children; and
- to promote and facilitate the availability and consumption of healthy beverages and healthy foods in and around schools for children.
“marketing” includes, but is not limited to, any form of commercial communication, message, recommendation or action with the aim, effect or likely effect of promoting, increasing the recognition, appeal and/or consumption of particular products and services either directly or indirectly. Marketing therefore comprises anything that advertises or otherwise promotes a product or service (including direct and indirect promotion).

“digital marketing” includes “promotional activity, delivered through a digital medium, that seeks to maximize impact through creative and/or analytical methods, including: creative methods to activate implicit emotional persuasion, such as building engagement in social networks (e-Word-of-Mouth); using immersive narratives or social-entertainment- and humour-based approaches; using “influencers” popular with children, such as YouTube “vloggers” (video bloggers); using augmented reality, online games and virtual environments; or analysis of emotions of vulnerability or to maximize the impact of creative methods”.
KEY PROVISIONS OF A MODEL NUTRITION POLICY FOR THE CARIBBEAN - SCOPE

- Both public and private schools.
- The immediate school campus and to the food environment within a radius of [at least 0.5 miles/800 metres] from the school campus.
- All times during the regular school day and during the extended school day.
- Individuals, companies or groups who may make beverages and/or foods available or cause such to be made available in and around schools and/or who may market beverages and/or foods or cause beverages and/or foods to be marketed in and around schools.
- For example: principals [proprietors], school administrators, school boards, teachers and teaching assistants, parents and guardians, children, canteen operators, tuck shop operators, vending machine operators, vendors, concessionaries, visitors to schools, persons or entities in the formal and informal food and beverage industry, personnel in public, private and non-governmental sectors…
The Ministry of Health [and Wellness] shall apply the relevant PAHO Nutrient Profile Model thresholds to identify all processed and ultra-processed beverages and food products which are in excess of free sugars, sodium, total fats, saturated fats and or trans fats.

<table>
<thead>
<tr>
<th>Sodium</th>
<th>Free sugars</th>
<th>Other sweeteners</th>
<th>Total fat</th>
<th>Saturated fat</th>
<th>Trans fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>$\geq 1 \text{ mg of sodium per 1 kcal}$</td>
<td>$\geq 10%$ of total energy from free sugars</td>
<td>Any amount of other sweeteners</td>
<td>$\geq 30%$ of total energy from total fat</td>
<td>$\geq 10%$ of total energy from saturated fat</td>
<td>$\geq 1%$ of total energy from trans fat</td>
</tr>
</tbody>
</table>

Image and table source: PAHO, 2016
KEY PROVISIONS OF A MODEL NUTRITION POLICY FOR THE CARIBBEAN – IMPLEMENTATION & MONITORING AND EVALUATION

- **Lead Ministry for Implementation and M&E**
  The Ministry of Education shall be the lead Ministry for implementing and monitoring and evaluating this Policy and shall collaborate with other key implementing and M&E partners.

- **Coordinating Working Group and School-Based Committees for Implementation and M&E**

  **Coordinating Working Group**: representatives from the Ministry of Education and other key Ministries, together with at least one (1) representative from a health agency, such as PAHO or CARPHA, a children rights agency, such as UNICEF, academia, such as the University of the West Indies, a food security agency, such as the Food and Agriculture Organization of the United Nations or the United Nations World Food Programme and a Civil Society Organisation.

  **School-Based Committee**: Principal, Deputy Principal or Senior Teacher, member of the School Board of Management, representative from the Parent-Teacher Association or in the absence of a functioning or any PTA, no less than three (3) parents of children currently enrolled in the school, at least one (1) canteen operator, tuck shop operator, concessionaire or vendor on the school campus, at least one (1) vendor within the [0.5 miles / 800 metres] radius from the school campus, at least three (3) children enrolled at the particular school; partners in academia and civil society organizations.
KEY PROVISIONS OF A MODEL NUTRITION POLICY FOR THE CARIBBEAN – ENFORCEMENT, PENALTIES/SANCTION

- **Enforcement**

  This Policy is mandatory and shall take effect from [*insert commencement date*].

  The government of [*insert country*] shall be responsible for the overall enforcement of this Policy and shall ensure that appropriate enforcement mechanisms are available.

- **Penalties/Sanctions**

  Given the individuals, companies and groups who must comply with this Policy, appropriate sanctions to deter and punish non-compliance must be imposed for first, second and third offences on:

  - Food and Beverage Industry entities, such as reprimands, appropriate level of fines and/or revocation of company certificates [*permits or licences*];
  - Concessionaires, canteen operators, tuck shop operators and vendors on the school campus and within the [*0.5 miles/ 800 metres*] radius, such as reprimands, appropriate level of fines and or revocation of business certificates [*permits or licences*];
  - Principals, school administrators, teachers, such as administrative penalties pursuant to [*the relevant Education Act*];
  - Parents and children, in accordance with school rules and regulations.
NEXT STEPS FOR THE MODEL POLICY AND LEGISLATIVE GUIDANCE

- Endorsement
- Dissemination
- Strategic meetings with key stakeholders
THANK YOU!

POLICY AND LEGISLATIVE GUIDANCE
FOR REGULATING THE AVAILABILITY AND MARKETING OF UNHEALTHY BEVERAGES AND FOOD PRODUCTS IN AND AROUND SCHOOLS IN THE CARIBBEAN