



OUR HEALTH, OUR RIGHT

A Rights-Based Childhood Obesity
Prevention Agenda for the Caribbean

About us

The Healthy Caribbean Coalition (HCC) is the only alliance of over 100 health and non-health civil society organisations in the Caribbean with a focus on non-communicable diseases (NCDs).

In 2018, the HCC, with funding from the NCD Alliance, developed a Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean (CSAP) which provides HCC member civil society organizations (CSOs) with a framework for CSO-led action in support of national and regional responses to combat childhood obesity. Youth has always been a central component of HCCs advocacy work.

In 2020, the HCC formally welcomed its youth arm – Healthy Caribbean Youth (HCY) – a diverse, trans-regional group of young, enterprising health advocates, passionate about promoting good health and supportive environments for children and youth.



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Preamble – Why this? Why now?

What is the Agenda?

This tool – a product of Healthy Caribbean Youth, the youth arm of the Healthy Caribbean Coalition – is a rights-based advocacy framework which aims to guide fellow young people seeking to advocate for urgent government action on the epidemic of childhood overweight and obesity in the Caribbean.

Who is the Agenda for?

The primary target audience of the Agenda comprises youth advocates working to prevent childhood overweight and obesity across diverse sectors. The Agenda can also be a useful guide for governments and civil society organizations seeking to integrate rights-based perspectives into their responses to childhood obesity.

Tell me more...

The Caribbean has some of the highest rates of childhood obesity in the world. In addition to the associated physical and mental complications, overweight and obesity in childhood track into adulthood, increasing the risk of developing NCDs later in life and contributing to the region's already significant burden of chronic diseases. The World Health Organization (WHO) laid out a comprehensive package of evidence-based policies to modify health disruptive environments and tackle NCDs.¹ The Pan American Health Organization (PAHO) and the Caribbean Public Health Agency (CARPHA) have endorsed these global recommendations at the regional level. The HCC has done so through its Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean. Childhood Obesity prevention efforts have to rights-focused and strategic. What do we mean by this? ²

Definitions Check

Overweight

From birth to less than 5 years of age: weight-for-height more than 2 SD above the WHO Child Growth Standards median.

From age 5 to less than 19 years: BMI-for-age and sex more than 1 SD above the WHO growth reference median.

Obesity

From birth to less than 5 years of age: weight-for-height more than 3 Standard Deviations (SD) above the WHO Child Growth Standards median.

From age 5 to less than 19 years: BMI-for-age and sex more than 2 SD above the WHO growth reference median.

1. Childhood Obesity Prevention Advocacy requires a rights-based approach

In early 2021 the HCC launched the Transformative New NCD Agenda (TNA-NCDs)³ - an agenda born out of the inequities highlighted by the COVID-19 pandemic. The TNA-NCDs proposes a fresh approach to NCD reduction and treatment underpinned by principles of equity and human rights and driven by social activism by critical groups, including young people. Our Health, Our Right: A Caribbean Rights-based Childhood Obesity Prevention Agenda, building on the TNA-NCDs, takes a new socio-legal approach to childhood obesity prevention and calls for a rights-based advocacy response to the increasing rates of childhood obesity in the region.

The United Nations Convention on the Rights of the Child (CRC) and other international human rights conventions such as the International Covenant on Economic, Social and Cultural Rights (ICESCR) include critical provisions to ensure that the basic needs of every person are met in the society in which they live. Many Parties have signed on to these conventions, indicating their commitment to providing these fundamental rights, but that does not automatically mean that these obligations are legally binding at the country level. Ultimately, it is up to each national government to respect, protect, uphold, and fulfill human rights within its territory.

The right to health as a fundamental human right is captured in most human rights conventions and covenants, creating an expectation and responsibility of the State to protect and ensure that right. The prevention of childhood obesity as a fundamental component of a child's right to health, and it appropriately places a significant duty on governments to respect, protect and fulfill this right through transformative policies and comprehensive legislation.

2. Childhood Obesity Prevention requires multisectoral, multistakeholder actions

In delivering on the shared obligation and responsibility to safeguard and protect the rights of children and to achieve the objective of better health for children specifically, a 'whole-of-society' approach is needed. Governments, development agencies, private sector, civil society, academia and the wider community must invest in double and triple duty actions and meaningfully engage young people as key partners in the childhood obesity prevention framework. This advocacy must start with the collective realization that we, as young people, have fundamental rights, and an appreciation for the role each member of society must play in ensuring that the full scope of these diverse rights are respected, protected, upheld and fulfilled.

Whilst childhood obesity prevention remains a priority agenda item for Ministries of Health and advocacy groups across the region, it cannot be addressed in a vacuum. Connected to the calls to action by CSOs for childhood obesity prevention measures are calls for the protection of the environment, specifically action on climate change and transformation of food systems for improved human and planetary health.

The Caribbean is particularly exposed to the shocks of climate change, as seen by the increase in the frequency and severity of hurricanes in the region, as well as the impacts of rising sea levels and temperatures on coastal communities and marine life. The rise of global temperatures and other climate, related challenges have also threatened to radically change food and agricultural systems and physical activity environments leading to harmful impacts on child health and wellbeing.

Additionally, the COVID-19 pandemic exposed the gaps in national support systems, particularly in relation to health care. The Caribbean had a unique experience with the disruption of their healthcare services which came as a direct result of its limited size and economic power.

When the time came to acquire vital vaccines, the Caribbean found that it wielded little significance on the global market and poor bargaining power. This resulted in the relatively delayed arrivals of vaccines in the region, which came in large part due to the benevolence of certain nations in the global north and the coordinated bargaining power of the CARICOM bloc.

These lessons are vital to the public health improvement in the region. Coordinated national efforts for the remediation of childhood obesity prevention could reap great success and place the region closer to their health goals as outlined in the Port-of-Spain Declaration.⁴

Whilst there have been successes in calls for governments to take action to protect the environment, much remains to be done to facilitate double and triple duty actions that are best for human and planetary health, especially in highly vulnerable yet resource-constrained small island developing states (SIDS) contexts.

3. Childhood Obesity Prevention requires strong civil society leadership

Advocacy for healthy weight among children over the years has included calls to action by CSOs to governments, the private sector, and the general public to act responsibly and protect the health of the region's children through the accelerated support, development and implementation of healthy food and physical activity policies. CSOs hold a powerful position in society by virtue of their ability to promote good governance by holding governments and other stakeholders accountable and providing key information to the public on various issues.

Acknowledging that the private sector is made up of businesses managed and owned by private individuals or enterprises, advocacy groups tend to call for moral leadership from these bodies to advance their NCD and childhood obesity prevention agenda. However, when lobbying governments, advocacy groups should stress the legal responsibility of the State to protect the rights and interests of its citizens, particularly the most vulnerable. This principle of 'protecting the most vulnerable' is the underlying theme which motivated the development of this Agenda.



THE AGENDA AT A GLANCE

This Agenda has three key pillars to address childhood obesity prevention using a people-centered, rights-focused approach. The three key pillars comprise:

- A** Prevention
- B** Treatment, Care and Support of Children Living with Overweight and Obesity
- C** Engagement

How will we use the Agenda?

Young people, whether active advocates or new to the advocacy space, will find this tool helpful in guiding rights-based advocacy for the prevention of childhood obesity. It demands the support and action of all of society to ensure that youth realize and benefit from their right to health, including immediate attention to childhood obesity.

This is meant to be an agenda that is championed and owned by fellow children and young people, recognizing that children could be up to the age of 18 according to the Convention on the Rights of the Child.

The Healthy Caribbean Coalition and Healthy Caribbean Youth are committed to a whole-of-society, whole-of-government approach to health protection, and understand the significant role governments must play in protecting children's rights. This Agenda is a step toward strengthening youth-led action for ramped up policy and accountability, ultimately holding Caribbean Community (CARICOM) leaders to their commitments to protect the best interest of their citizens, especially those persons and groups in conditions of vulnerability, including children.⁵

What does this look like?

Youth Parliamentarians can use this Agenda to inform local policies; students and youth volunteers can use it to raise awareness, demand change from their local policymakers, and ensure that their school or youth organization is actively promoting and supporting healthier lifestyles for all.

Ultimately, the rights of all persons to the highest attainable standard of physical and mental health should be protected. The hope is that this Agenda will help inform fellow youth advocates and assist in your advocacy journey in demanding action from key stakeholders to protect the health of children and youth across the region.

What is rights-based advocacy?

Human rights are at the foundation of any good democracy and enable all persons to achieve their full potential in communities that respect and value the dignity of every person. They are inherent to all persons simply because we are all human beings. No reason or qualification is needed.

Human rights are universal and inalienable; indivisible; interdependent and interrelated. They are universal because every person is born with and possesses the same rights without any limitations due to their nationality, gender, race, or religious, cultural, or ethnic background. They are inalienable because people's rights cannot be taken away. Indivisible and interdependent because all rights – political, civil, cultural, and economic- are equal in importance and none can be fully enjoyed without the others. They apply to all equally and all have the right to participate in decisions that affect their lives.⁶

Marginalized persons are often denied access to certain services due to their age, gender, race, ability, or other factors. **A human rights-based approach to advocacy argues that no one should be left behind – a key principle of the 2030 Sustainable Development Goals (SDGs) – and demands the inclusion and protection of all.** It is essentially the most comprehensive and fair basis on which to start any advocacy movement. Addressing the childhood obesity epidemic can help countries move closer to attaining their SDGs as obesity prevention, NCD prevention and control and sustainable development are interlinked.⁷

Additionally, ratifying international human rights conventions places a significant obligation on governments, as the main duty-bearers, and creates an expectation of the public (the rights-holders) that legislation or other policies will be put in place to ensure that citizens have full access to their rights. The creation of legislation at the country level to protect and fulfill these rights, places a legal responsibility on governments to ensure their realization.

Therefore, a rights-based approach to advocacy not only seeks to be fair in its messaging, but it also advocates for all, and holds the government accountable for its responsibility to respect, protect and fulfil human rights. It sensitizes the broader society on reasons to be part of the advocacy movement, since the violation of a human right somewhere is a threat to rights everywhere.

Children's Rights and Advocacy

As the most widely ratified human rights treaty in history, the CRC contains a profound idea that children (everyone under 18 years of age) are not just objects who belong to their parents and for whom decisions are made, or adults in training. Instead, they are human beings and individuals with their own rights. Advocacy based on the CRC is about persuading governments and other relevant personnel who are responsible for the protection of the rights of the child, to meet their legally-binding obligation to protect children's rights. **Harnessing a child rights-based approach to advocacy offers a powerful and universally applicable way to consider children as rights-holders who are central to any policy discourse.** More specifically, when young people use such an approach to advocate for the prevention of childhood obesity, it gives us more accountability, legitimacy, and empowerment. Effective child rights-based advocacy can result in fundamental changes and developments in policy, legislation, and practice that will have long-lasting impacts. It makes our case to policymakers that much more powerful.

13 Elements of good human rights programming, as outlined by UN agencies⁸:



1. People are recognized as key actors in their own development, rather than passive recipients of commodities and services.



2. Participation is both a means and a goal.



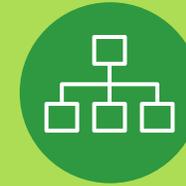
3. Strategies are empowering, not disempowering.



4. Both outcomes and processes are monitored and evaluated.



5. Analysis includes all stakeholders.



6. Programs focus on marginalized, disadvantaged, and excluded groups.



7. The development process is locally owned.



8. Programs aim to reduce disparity.



9. Both top-down and bottom-up approaches are used in synergy.



10. Situation analysis is used to identify immediate, underlying, and basic causes of development problems.



11. Measurable goals and targets are important in programming.



12. Strategic partnerships are developed and sustained.



13. Programs support holding all stakeholders accountable.

The Right to Health

The right to health is not just a wellbeing issue but includes paying attention to the social, commercial, political, economic, and other determining factors of health. We, children and youth, are equal members of society deserving of immediate attention to the increasing rates of childhood obesity. Today, millions of children around the world are facing violations of their human right to health and restrictions on other rights.

Governments have an obligation to respect, protect and fulfil all children's rights. Unfortunately, so far, we have not been protected in the way that we should, as seen by a number of indicators, including the worrying number of children who are overweight and have developed NCDs in childhood, tracking into their adolescence and adulthood.

As children and young people, we deserve to fully enjoy our rights as set out in the United Nations CRC and the ICESCR, as well as the other regional and international conventions signed and ratified by our governments.

We are invaluable members of society, and our rights are not secondary to those of adults. On the contrary, we seek to live in a world that appreciates and ensures full enjoyment of our rights. Improving our health can only be properly facilitated if the various factors which threaten our life and wellbeing are addressed, including environmental determinants. Events like hurricanes, floods, and droughts as well as other climate-sensitive disasters are direct and indirect results of the change in climate. Additionally, these events could lead to forced migration, food and water insecurity, conflict and mental stress. Therefore, it is necessary for governments to implement comprehensive climate change prevention and mitigation plans to complement their obesity prevention agendas.

We must be empowered to demand the protection of our right to health through the implementation of evidence based appropriate policies and legislation by our governments.



"Children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously."

The Convention on the Rights of the Child: The children's version

Where are these health-related rights found?

Statements of the Right to Health

The Constitution of the World Health Organization⁹

The States Parties to this Constitution declared, in conformity with the Charter of the United Nations, that health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

The Convention on the Rights of the Child¹⁰

The recognition of the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation is outlined in Article 24 of the UNCRC. It requires States Parties to ensure that no child is deprived of his or her right of access to health care services and further determines that they must pursue the full implementation of this right through specific measures.

Also included in the Convention are articles that support the right of children to health-promoting and health-supporting interventions, including the prevention of childhood obesity, in some instances expanding the scope of responsibility to protect their rights to live and play in healthy environments.

For example, **Article 3**, paragraph 1 of the UNCRC recommends that public or private social welfare institutions, courts of law, administrative authorities, or even legislative bodies, in their actions, protect the best interests of children and keep it as a primary consideration in their operations. **Article 6** goes further and requires States Parties to ensure the survival, growth and development of the child, which includes their physical development.

The Committee on the Rights of the Child noted in General Comment No. 15 that the rights of children to health is inseparable and dependent for the enjoyment of all the other rights in the Convention. States Parties should also place the protection of the rights of children at the center of all decision making, including the allocation of resources, and the development and implementation of policies and interventions affecting the determinants of health.

The Committee further suggests that children should have access to appropriate information on health issues, with special attention given to those children and adolescents who are living with disabilities or at risk of developing health complications due to being immunocompromised.

The Universal Declaration of Human Rights (UDHR)¹¹

Article 25 (1) of the UDHR establishes 'the right to a standard of living that is adequate for the health and wellbeing of himself and of his family, including, food ... and medical care as well as necessary social services'.

The International Covenant on Economic, Social, and Cultural Rights¹²

The States Parties to this Covenant recognize at Article 12(1) the right of everyone to the enjoyment of the highest attainable standard of physical and mental health including: the right to the highest standard of living and adequate health; maternal, child and reproductive health; prevention, treatment and control of diseases and health facilities and services without discrimination.

The Convention on the Rights of Persons with Disabilities¹³

Through Article 25 of this Convention, the signatories recognize the special right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination based on disability.

CARICOM Charter of Civil Society¹⁴

This Charter includes a commitment by Members of CARICOM to use their best endeavors to provide a health care system that is wide-ranging to deal with all health challenges including epidemics and is well administered, adequately equipped and accessible to all without discrimination.



“Children have the right to get information from the internet, radio, television, newspapers, books and other sources. Adults should make sure the information they are getting is not harmful. Governments should encourage the media to share information from lots of different sources, in languages that all children can understand.”

Article 17 of Convention on the Rights of the Child
– Right to Information (subsection e)

“The right to the highest attainable standard of health can be a confusing concept to understand. Essentially, it is a requirement that governments ensure access to health-related services and facilities on a non-discriminatory basis, especially for disadvantaged individuals, communities, and populations; ensure the equitable distribution of health-related services and facilities and establish effective, transparent, accessible, and independent mechanisms of accountability in relation to duties arising from the right to the highest attainable standard of health. It also includes the prevention of disease. So, there is a responsibility on governments to ensure there is both access to health care and enough measures in place to prevent sickness.”



Core Pillars of the Childhood Obesity Prevention Agenda:

Pillar 1: Prevention

We, children and young people, demand that the prevention of childhood obesity and other risk factors for developing non-communicable diseases become a national priority.

Rates of overweight and obesity amongst Caribbean children are increasing;¹⁵ in fact, the Caribbean has one of the highest rates of childhood obesity and non-communicable diseases in the world.

Childhood overweight and obesity is compounded by weak or non-existent prevention measures across the region, especially around pervasive and widespread availability and accessibility of ultra-processed products, such as sugary beverages, to children.

We, children and young people, are demanding that long-overdue attention be paid to preventing childhood obesity and creating healthy environments where it is easy to make the healthy choice for all. The right to health is more than just access to treatment. It should encompass the prevention of disease.

We want everyone to recognize that childhood obesity requires an urgent, proactive response to protect us. We are already vulnerable due to our age and stage of development; therefore, we should receive special attention to reduce preventable factors that put our health at risk.

We call on governments to fulfil their commitments under the United Nations Convention on the Rights of the Child and introduce comprehensive national policies and legislation that include and prioritize children's right to the highest attainable standard of health and wellbeing with a focus on the following areas according to the Healthy Caribbean Coalition's Civil Society Action Plan for the prevention of childhood obesity:

1. Taxation of unhealthy foods
2. Mandatory front-of package nutrition warning labelling
3. Enacting legislation related to the International Code of Breast-milk Substitutes
4. Banning the marketing of unhealthy foods and beverages to children
5. Banning the sale and marketing of unhealthy foods in schools
6. Mandatory physical activity in schools
7. Monitoring policy implementation

Pillar 2: Treatment, Care, and Support of Children living with Overweight and Obesity

We, children and young people demand the right to live full and healthy childhoods through the provision of comprehensive treatment, care, and support of childhood overweight and obesity and non-communicable diseases (NCDs).

We are entitled to lead wholesome, productive lives and have a chance to contribute fully to the development of our countries. Neither us nor our caregivers should have to struggle to manage care and treatment associated with childhood obesity. We need more than passive commitments to respond to childhood obesity, especially given that overweight and obesity are risk factors for NCDs. Children must be provided with unhindered access to the highest attainable standard of care and support to manage childhood overweight and obesity without discrimination. We demand that special care and attention be paid to those living with non-communicable diseases and obesity.

We also demand that appropriate consideration be given to persons living with disabilities and those who require unique medical treatment, care, and support to reduce their risk of developing childhood obesity and other NCDs.

Please note that alternative descriptors, such as excess weight, are often used to describe overweight and obesity as they are often viewed as less stigmatizing. These alternate words can be used in your advocacy.

We, children and young people, call for:

Diagnostic Support

1. Increased availability, access, and funding for screening of overweight and obesity.

Treatment

2. Resource mobilization for the **management** of childhood overweight and obesity.
3. Comprehensive care for children living with overweight and obesity, particularly those in situations of vulnerability related to socio-economic status, geographic location, and other factors
4. Improved access to health care, essential medicines, treatments, and new technologies for managing childhood overweight and obesity.
5. Improved guidelines for the treatment of overweight and obesity that are non-stigmatizing, culturally sensitive, and context appropriate.

Organized Support Systems for Access to Health Care

6. Increased efforts to combat the stigmatization of childhood overweight and obesity.
7. Improved access to psychological support and counselling for children living with overweight and obesity
8. Increased public sensitization on the treatment, care, and support of children living with overweight and obesity.
9. Special measures to ensure access to medicines and essential healthcare in the event of a natural disaster, climate activity or other emergency.

Articles 23 and 25 of the UNCRC underscores the right of every child to have access to preventative care and treatment. Regardless of a child's ability or circumstance, they should be afforded the highest standard of health care' and substitute 'the right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.



“Every child with a disability should enjoy the best possible life in society. Governments should remove all obstacles for children with disabilities to become independent and to participate actively in the community.”

Article 23, Convention on the Rights of the Child – Right of Children with Living with Disabilities



“Every child who has been placed somewhere away from home – for their care, protection, or health – should have their situation checked regularly to see if everything is going well and if this is still the best place for the child to be.”

Article 25 – Right to Periodic Review of Treatment of Children placed in care systems

Pillar 3: Engagement

We, children and young people, demand that governments involve us as equal partners in the co-creation of cross-cutting policies to create and sustain healthy environments for our people and planet.

The technical expertise of health professionals should not replace the insight of our lived experiences as children and young people. Our lived experiences and knowledge are critical to any policy, legislation, or project to combat childhood obesity and shape healthy environments for generations to come. Policymakers should never ignore the voices of lived experiences.

Our voices are too often neglected in discussions around policy, which results in significant gaps and policies that fail to address our needs in a meaningful way. We need to be heard clearly and loudly in conference rooms and boardrooms, so that effective policies regarding our wellbeing can be made.

We demand to be respected as experts regarding our situations and experiences, with invaluable stories to share that should influence the policies that affect us. We are to be treated as equal partners and not as tokens in the fight against childhood obesity.

We demand the creation of safe spaces and formal mechanisms that allow us, especially those most vulnerable and disenfranchised, to speak up and contribute meaningfully to the development of policy initiatives that aim to shape our health and wellbeing.

We, children and young people, call for

1. Government funding for youth organizations to support advocacy and sensitization on childhood obesity to complement our own resource mobilization efforts.
2. Involvement in capacity building of youth organizations at all levels to engage with national, regional, and international decision-makers.
3. The introduction of legislation for the mandatory representation of young people in the development of projects and policies relevant to the prevention of childhood obesity, from the brainstorming and design of interventions to their implementation and evaluation.
4. The creation of opportunities and provision and mobilization of resources to support the growth of a coalition of young leaders for NCD prevention and control.



1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

**Article 31, Convention on the Rights of the Child
– Right of Children with Living with Disabilities**

ALL TOGETHER NOW!

Young people all over the world are doing commendable work representing our rights and interests. We are working hard to fix situations we did not create but inherited. There needs to be more significant support from the government, civil society, and the private sector to ensure that we can make the world a better place for those coming behind us. Health is not a privilege for some, but a right for all, and we are doing our part to ensure that every child and young person has equal access to it. This Agenda represents our commitment to changing the health landscape across the region and the world.



Ready to advocate for healthier environments?

Check out the Healthy Caribbean Coalition (HCC) and World Obesity Federation (WOF) ['Youth Voices in Health Advocacy Spaces: A Guide for You\(th\) in the Childhood Obesity Space'](#) toolkit to guide your advocacy plan!

THE NINE QUESTIONS

This is a strategic advocacy planning tool developed by the Advocacy Center at the Institute for Sustainable Communities (ISC) (see www.advocacy.org)

- 1) What do we want? (goals)
- 2) Who can give it to us? (Audience, key players or decision-makers)
- 3) What do they need to hear? (Messages)
- 4) Who do they need to hear it from? (Influencers)
- 5) How can we get them to hear it? (Delivery)
- 6) What do we have? (Resources)
- 7) What do we need to develop? (Gaps)
- 8) How do we begin? (First Steps)
- 9) How do we tell if it is working? (Evaluation)



Case study

Below is an example of an advocacy strategy that uses the nine questions highlighted above to address childhood obesity prevention in Barbados. Your intervention does not have to mirror this strategy exactly, but it is a useful guide on how all the components mentioned in this document can be implemented.

National School Nutrition Policy Advocacy Strategy

Message: The rates of childhood obesity in Barbados are alarming and the government should pay closer attention to the health of the nation's children. One of the risk factors contributing to childhood obesity is the overconsumption of high-calorie foods and drinks, which are readily available in Barbadian schools.

What do you want? The Ministry of Education should implement a national school nutrition policy to ensure that children have access to healthy food and water at school, reduce their consumption of high-calorie foods and ultimately contribute to lower rates of childhood obesity.

What do we need to ensure that what we want is achieved?

- 1) Government to introduce National School Nutrition Policy.
- 2) Government to ban the marketing and sale of unhealthy foods and sugary beverages in and around schools.

Targets: Ministry of Education at the national level, students, and teachers, vendors, and parents.

Partners: Civil Society Organizations, Parent Teachers Associations (PTA), Health Professionals, Journalists, Local Influencers.

Comprehensive approach:

Examples of Advocacy Actions:

- Letters to the Minister and Prime Minister asking for a national review of the foods and drinks available to school aged children.
- School tours to sensitize students on the rates of childhood obesity in the country, the risk factors and how they and other key stakeholders can protect their health.
- Vendor training and sensitization to equip these critical stakeholders with healthier preparation options.
- Constructive meetings with the Ministry of Education using evidence gathered through a model school pilot project where schools restricted sugary beverages and energy-dense foods over a select period and made healthy foods and drinks more accessible.
- The engagement of youth advocates as the front-line agents in advocating for the school nutrition policy.
- Ongoing monitoring of political will and policy development and implementation.

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Key Tools for Youth-Driven Advocacy

- ➔ [The Healthy Caribbean Coalition \(HCC\) and World Obesity Federation \(WOF\) Advocacy Toolkit](#)
- ➔ [HCC Obesity Fact Sheets](#)
- ➔ [HCC Childhood Obesity Prevention Infographics](#)
- ➔ [Healthy Caribbean Coalition Childhood Obesity Prevention Scorecard](#)
- ➔ [United Nations Convention on the Rights of the Child](#)
- ➔ [UNCRC Child Friendly Version](#)
- ➔ [Healthy Voices](#)
- ➔ [2022 UNICEF Youth Advocacy Guide](#)

