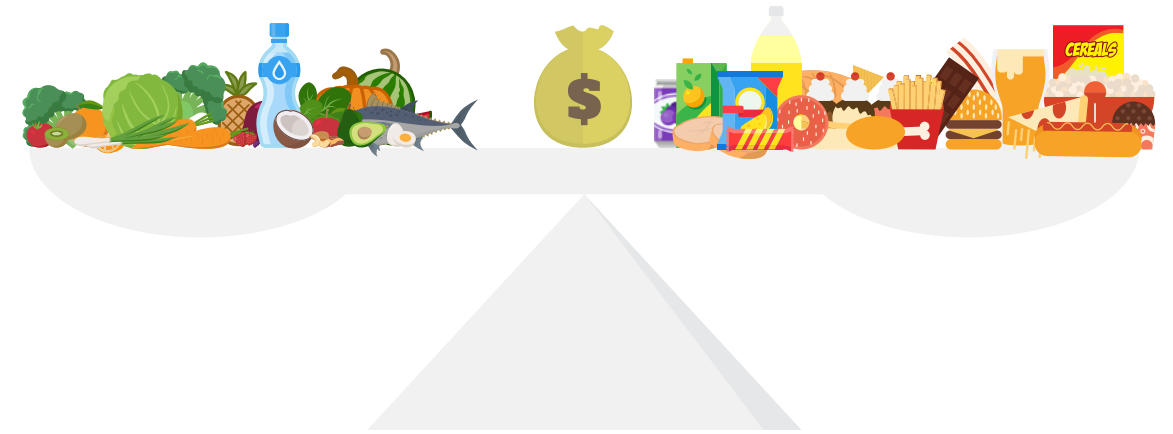


SAFEGUARDING PUBLIC HEALTH NUTRITION IN THE CARIBBEAN DURING EMERGENCIES: GUIDELINES FOR MANAGING DONATIONS FROM THE COMMERCIAL SECTOR

FOR CIVIL SOCIETY ORGANISATIONS, GOVERNMENTS, DISASTER RELIEF
ORGANISATIONS, EXECUTIVE AGENCIES AND THE COMMERCIAL SECTOR





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THE COMMERCIAL SECTOR

Developed by the Healthy Caribbean Coalition and Partners



November 2024

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1. Acknowledgements

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Please note:

Throughout this document the term **‘ultra-processed products (UPPs)’** will be used to refer to the ultra-processed ‘foods’ and ‘beverages’ which cannot be made in one’s kitchen but are instead chemical formulations manufactured for human consumption.


Throughout the document, **‘fat(s)’** refers to total fats, saturated fats and trans fats.


When using the term **‘healthy foods’** it is understood that ‘healthy’ is as defined by the PAHO Nutrient Profile Model (NPM), such that any foods that are under the thresholds provided are considered healthy. Existing national guidelines and/or food-based dietary guidelines in alignment with the PAHO NPM can also be used to define healthy foods.


2. Snapshot of the Guidelines


The **purpose** of this resource is to safeguard public health nutrition in the Caribbean during emergencies by providing guidelines for the management of donations from the commercial sector. These **Guidelines** provide guidance on the types of food, beverage, financial and in-kind donations, that provide healthy, nutritious food options and protect the diets of Caribbean people in need (including people living with non-communicable diseases or NCDs), particularly during emergency response situations. The resource is intended for use by various stakeholders, including but not limited to civil society organisations (CSOs), governments, disaster relief organisations, executive agencies and the commercial sector, including but not limited to the food and beverage industry. The Guidelines are based on the seven (7) principles below.


Stakeholders are encouraged to follow the seven (7) principles below:


1  **Refrain from seeking, accepting or making donations of ultra-processed products** as defined by the PAHO Nutrient Profile Model¹ and/or existing official national nutrition policies and food-based dietary guidelines; **neither seek, accept, nor make financial or other in-kind donations sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting such products.** Do accept and promote donations of healthy foods and beverage products or meals, according to the PAHO Nutrient Profile Model, provided that these are not sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting ultra-processed products.


2  **Partner with small-scale food producers**, including women, Indigenous peoples, agroecological farmers, family farmers, pastoralists and fishers, **to encourage the inclusion of local produce in contributions to feeding programmes or initiatives, thereby** supporting local, healthy, equitable and sustainable food systems.

3  **Refrain from seeking, accepting or making donations of breast-milk substitutes (with exceptions)**, as this can increase the use of substitutes and decrease or displace breastfeeding; **neither seek, accept, nor make financial or in-kind donations sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting such products.** Encourage health professionals to promote breastfeeding and provide support for mothers unable to breastfeed.

4  **Ensure donations support continuity of services such as community feedingⁱ and school feeding programs** providing healthy foods to children and other vulnerable populations (populations living in vulnerable conditions), in accordance with the PAHO Nutrient Profile Model.

5  **Avoid engaging in joint communications (including campaigns) and/or cause-related marketing** with companies (including fast-food, sweet drinks and other ultra-processed product companies) that produce, import, distribute, advertise, promote, market and/or sell any ultra-processed products, in order to prevent actual/real, potential or perceived conflicts of interest, including possible involvement or influence in public health policies and programmes and/or misperception of indiscriminate brand endorsement.

6  **Establish standards (adopt these Guidelines) for donations** that prioritise healthy food and beverages products and limit ultra-processed products, as defined by the PAHO Nutrient Profile Model. Examples are shown in **Table 1**.

7  **Assess and transparently document decision-making processes when accepting or rejecting donations** as an important record of the current environment and to inform future decisions.

ⁱ Also known as food banks, which allow populations at vulnerable conditions to access foods.

3. Some Important Definitions and Concepts

- 1. Healthy foods and beverages:** For the purposes of this guidance, these include unprocessed, minimally processed, and processed foods and beverages which fall below the PAHO Nutrient Profile Model (NPM) threshold limits set for each nutrient of concern (sugars, fats (total, saturated and trans), sodium and non-sugar sweeteners (NSS)).
- 2. Food processing:** Food processing is defined as any action that alters food from its natural state. Foods can range from unprocessed to ultra-processed.

Most foods are processed, and researchers have developed the NOVA classification to identify the level of processing of foods and beverages (ranging from unprocessed to ultra-processed, see NOVA definition below).

Unprocessed foods and beverages: These are foods obtained directly from plants or animals that do not undergo any alteration between their removal from nature and their culinary preparation or consumption.^{1,2} These natural foods are edible parts or products of plants (seeds, fruits, leaves, stems, roots) or of animals (muscle, offal, natural animal products), and also fungi, algae, and water, after separation from nature.^{1,2} *Examples include:* fresh fruits and vegetables, grains, legumes, tree and ground nuts, meats, seafood, herbs, spices, garlic, eggs, and fresh milk.³

Minimally processed foods and beverages: These are natural foods altered by processes that include removal of inedible or unwanted parts, and drying, crushing, grinding, fractioning, filtering, roasting, boiling, non-alcoholic fermentation, pasteurization, refrigeration, chilling, freezing, placing in containers and vacuum-packaging. No sugars, salts, oils, or fats are added to the original food.^{1,2} *Examples include:* frozen fruits and vegetables, dried fruits, frozen meats and seafood, dried herbs and spices, and pasteurised milk.^{3,ii}

Processed foods and beverages: Food products manufactured by industry in which salt, sugar, fats or other culinary ingredients have been added to unprocessed or minimally processed foods to preserve them or make them more palatable. Processed food products are derived directly from natural foods and are recognized as a version of the original foods. Most of them have two or three ingredients. The processes used in the manufacture of these food products may include different methods of cooking. Additives may be used to preserve the properties of these products or to avoid the proliferation of microorganisms.¹ *Examples include:* bread, cheeses, canned fruits and vegetables; salted, cured, or smoked meats; and canned fish.

Ultra-processed foods and beverages: These are industrial formulations, typically with many highly manipulated ingredients, including those also used in processed foods, such as sugar, oils, fats, salt, antioxidants, stabilisers, and preservatives. Natural or minimally processed foods are hardly, or not at all, present.³ Several techniques are used in the manufacture of UPPs, including extrusion, moulding,

ⁱⁱ More examples of unprocessed or minimally processed foods include fresh, chilled, frozen, or dried fruits and vegetables; grains such as brown, parboiled or white rice, corn cob or kernel, wheat berry or grain; legumes such as beans, lentils, and chickpeas; starchy roots and tubers such as potatoes, sweet potatoes and cassava; fungi such as fresh or dried mushrooms; meat, poultry, fish and seafood, whole or in the form of steaks, fillets and other cuts; fresh, chilled or frozen eggs; fresh, powdered or pasteurized milk; grits, flakes or flour made from corn, wheat, oats, or cassava; tree and ground nuts and other oily seeds (with no added salt, fats or sugars); herbs and spices used in culinary preparations, such as thyme, oregano, mint, pepper, cloves and cinnamon, whole or powdered, fresh or dried; fresh or pasteurised plain yoghurt; tea, coffee, and drinking water.

and pre-processing, through frying.¹ *Examples include:* sweet drinks; packaged snacks e.g., chips and corn curls; chocolate, candy, ice cream; 'energy' bars and drinks; sweetened breakfast cereals; and chicken nuggets, sausages, hot dogs, and other reconstituted meat products.³

3. NOVA: The [NOVA classification system](#),³ a best practice model to define the degree of food processing, classifies food into 4 categories according to their processing: 1) unprocessed and minimally processed foods; 2) processed culinary ingredients; 3) processed foods; and 4) ultra-processed foods. See examples in **Table 2** in Section 10. The NOVA classification system helps consumers to identify the amount of processing that foods undergo, and, subsequently, how healthy they are. Studies have shown that the consumption of UPPs can lead to increased risk of cardiovascular disease, all-cause mortality, and higher odds of obesity.^{4,5}

4. Nutrient profile models - Defining which foods are high in sugars, fats and salt/sodium: Nutrient profile models delineate whether a food product has high levels of nutrients of concern.⁴ PAHO refers to sugars, fats (total, saturated and trans), sodium/salt and non-sugar sweeteners (NSS see no. 8) as critical nutrients of public health concern because they are closely linked to obesity and NCDs when consumed in excess. Nutrient profile models state what the threshold is for each nutrient of concern and can either follow a regional WHO format or be decided by experts (who are free of conflicts of interest) based on the country's nutrition guidelines and diet.

The PAHO Nutrient Profile Model (PAHO NPM):¹ The [PAHO NPM](#) was designed for use in the region of the Americas and the Caribbean. The PAHO NPM is a tool to help countries design food and nutrition policies to protect and promote healthy diets. PAHO's NPM defines those products that should be regulated to ensure that populations meet WHO recommendations for a healthy diet and realise their right to adequate food. Several studies have demonstrated that the PAHO NPM performs best in the identification of products excessive in sugars, fats (total, saturated and trans) sodium and NSS (see no. 8).^{6,7}

Table 1: PAHO critical nutrients of public health concern thresholds to identify processed and UPPs¹

| Sodium | Free sugars | Other sweeteners | Total fats | Saturated fats | Trans fats |
|----------------------|--|------------------|--------------------------------------|--|-------------------------------------|
| ≥1 mg of sodium/kcal | ≥ 10% of total energy from free sugars | Any amount | ≥ 30% of total energy from total fat | ≥ 10% of total energy from saturated fat | ≥ 1% of total energy from trans fat |

PAHO's NPM has successfully been shown to identify processed and UPPs under the NOVA classification.⁷ In comparison to NPMs used in Europe, Australia, and New Zealand, PAHO's NPM has shown to be the most stringent, and is recommended to ensure that diets limit nutrients of concern.⁸ PAHO's NPM specifies both processed and UPPs that should be classified using the following thresholds. Note that unprocessed and minimally processed foods are not included in the PAHO NPM.

5. Commercial Sector means those businesses, industries, and manufacturing enterprises operating for profit. This includes the food and beverage sector and wider commercial / private sector actors. Commercial entities can have positive and negative effects on health and society. However, there is now overwhelming evidence that some, particularly the largest, multinational and transnational corporations are having increasingly negative effects on human and planetary health and social and health inequities.⁹ Throughout this resource, various terms are used to reference the commercial sector including: commercial actors, food and beverage industry, ultra-processed product industry/ company, private sector and companies.

6. Marketing: WHO defines marketing as "any form of commercial communication, message or action that acts to advertise or otherwise promote a product or service, or its related brand, and is designed to increase, or has the effect of increasing, the recognition, appeal and/or consumption of products or services." This includes advertising, promotion and sponsorship.¹⁰

Cause-Related Marketing (CRM): A collaboration between a company and a public or non-governmental entity to raise funds and awareness for a cause.¹¹ This type of marketing has the dual goal of increasing company profits and making a social impact.¹²

7. Harms of ultra-processed products consumption

Sweet beverages: Sweet beveragesⁱⁱⁱ are a significant source of added sugar and calories. The WHO recommends that individuals consume no more than 10%, but ideally less than 5%, of their total daily energy from free sugars, or 50g of sugars (approximately 12 teaspoons) as part of a 2,000-calorie diet (this figure is much less for children).¹³ Liquid forms of sugars, such as those found in sugar-sweetened beverages (SSBs), are particularly harmful to the body. These sugars are absorbed more quickly by the liver (compared to solid sugars) and alter the body's metabolism, affecting blood chemistry, cholesterol, and metabolites that cause high blood pressure and inflammation. These chemicals significantly increase the risk of type 2 diabetes, cardiovascular disease, tooth decay, and liver disease, as well as 13 types of major cancers.^{14,15,16,17,18} Sweet beverages have little to no added nutritional value—compared to energy from solid food, liquid calories found in these beverages are less satisfying and will not lead to the same feeling of fullness as eating solid foods with equal calories. Liquid calories, therefore, result in extra energy consumption without any benefit.^{17,19} A recent study showed that 80% of beverages (and 95% of sodas) sold in the Jamaica market have excess sugar, based on the PAHO NPM.²⁰

Ultra-processed Products: Recent meta-analyses have shown that higher consumption of UPPs, which contain minimal amounts of whole foods, is associated with increased risk of obesity, heart disease, and diet-related diseases.^{4,5} Of all the processed food products assessed in the previously mentioned Jamaica study, 90% had levels of nutrients of concern which were higher than at least one of the PAHO NPM thresholds, meaning that consumption of these products is associated with increased risk of overweight, obesity, and diet-related diseases, including several types of cancer, diabetes, and heart diseases.

8. Use of Non-sugar sweeteners: Non-sugar sweeteners (NSS) (referred to by a variety of names, including high-intensity sweeteners, low- or no-calorie sweeteners, non-nutritive sweeteners, non-caloric sweeteners and sugar-substitutes) are low- or no-calorie products developed as alternatives to free sugars. They are widely used as an additive in pre-packaged foods, beverages and personal care products (e.g. toothpaste, mouthwash), as well as added to foods and beverages directly by the consumer. 2023 WHO Guidelines on the use of NSS recommend *against the use of NSS* to control body weight or reduce the risk of NCDs and cite evidence which points to potential undesirable effects from long-term use of NSS, such as an increased risk of type 2 diabetes, cardiovascular diseases, and mortality in adults.²¹

ⁱⁱⁱ Sweet beverages include any liquids that contain natural or added sweeteners including various forms of sugars like brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, raw sugar, and sucrose. This may include soft drinks (i.e., cola), juices (even 100% juices), nectars, sweetened coffee, sugar cane juice, sweetened tea, energy drinks, and flavoured dairy.

4. Introduction

Purpose

The **purpose** of this resource is to safeguard public health nutrition in the Caribbean during emergencies by providing guidelines for the management of donations from the commercial sector. These **Guidelines** provide guidance on the types of food, beverage, financial and in-kind donations, that provide healthy, nutritious food options and protect the diets of Caribbean people in need (including people living with non-communicable diseases or NCDs), particularly during emergency response situations.

The Guidelines are based on the principles of human rights and equity that entitle every Caribbean person, including those who are vulnerable (such as PLWNCDs or children) or living in vulnerable conditions (such as emergency situations), access to adequate food.

High rates of NCDs, overweight and obesity pose major health and development challenges for the Caribbean. Unhealthy diets, dominated by widely available, accessible, and heavily-marketed UPPs represent a major driver of the obesity and NCD epidemics in the Caribbean. The region's ongoing challenges with food and nutrition sovereignty and insecurity are further exacerbated by its vulnerability to annual natural events (including severe weather/climate/environmental events such as hurricanes, flooding, droughts, etc.) that often result in emergencies and disasters. Climate change has resulted in increased frequency and intensity of these natural events, which adversely impact thousands of people across the region.²² Over the course of the COVID-19 pandemic, the

situation worsened due to the additional burden created by COVID-19 on the food supply chain and its impact on the quality and quantity of food in the region.

The commercial sector (in particular large producers and importers) is often a significant player in disaster and emergency responses, filling critical public sector gaps, including short- and medium-term food insecurity, through donations of food. However, due to the weak or absent regulation governing this support, some private sector operators prioritise quantity over quality and profits over public health. This may result in offloading of heavily-branded, cheap, unhealthy food products such as UPPs high in sugars, fats (total, saturated and trans), sodium and NSS and poor in essential nutrients, often provided to vulnerable populations under vulnerable conditions. The consumption of UPPs, which is directly linked to obesity²³ and NCDs and premature deaths²⁴ should be discouraged. UPPs exacerbate ill health and increase the likelihood of poor health outcomes, including fatal ones. Guidance is needed to ensure that healthy food offerings are provided to those most in need, especially during times of distress.

Actors who donate/ receive foods during and outside of emergency situations should be encouraged to prioritise foods in alignment with the PAHO NPM (including unprocessed foods, minimally processed foods, culinary preparations, and processed products that are not excessive in sugars, fats (total, saturated and trans), sodium and NSS). These include not only food producers, but also those in the business of cooking and food

preparation; as well as infrastructure for collecting donations and materials including kitchen utensils, appliances and engineering solutions; emergency kitchen design and architecture and engineering solutions, in order to most effectively respond to crisis situations with the provision of healthy food and related materials.

Target Audiences

The target audiences for this Guidance include, but are not limited to, civil society organisations, government entities, including feeding programmes, disaster relief organisations, executive agencies and the commercial sector. The national, regional and global food and beverage industry involved in the regional food system, and the broader regional private sector, are also an audience which may find this guidance useful.

Finally, this Guidance supports decision-making around engaging with the commercial sector in these situations. Engagement with companies that manufacture, import, distribute, sell, or promote harmful products that are not recommended as part of a healthy diet according to the PAHO NPM and existing official national nutrition policies and food-based dietary guidelines should be avoided given the conflicts of interest between public health goals and private sector vested interests.

However, in small Caribbean countries, due to companies often having heterogeneous (healthy and unhealthy) product lines, it may be difficult to differentiate between healthy versus unhealthy food industry actors. This is often compounded by limited financial resources and relatively restricted funding options and time constraints on the part of the recipient entities. This Guidance, recognises the unique contexts of the Caribbean and outlines different scenarios, optional responses and potential safeguards to protect nutrition, public health and the integrity of organisations.

Why is this Guidance important?

Against a backdrop of twin epidemics of obesity and NCDs, and increased frequency and severity of climate-driven natural events, this Guidance aims to:

1. Promote healthy, nutritious diets for all Caribbean people by safeguarding population food and nutrition security during times of emergency or disaster by ensuring access to healthy foods, especially for vulnerable populations such as PLWNCDs and children and those facing the most vulnerable conditions.
2. Assist CSOs, government entities, including feeding programmes, disaster relief organisations, executive agencies and commercial actors in accepting/ seeking/ making healthy food and beverage donations and avoiding unhealthy products.
3. Prevent the offloading of ultra-processed food and beverage products during times of emergency or disaster, as well as the cross-branding promotion of companies manufacturing and/or promoting such products.
4. Safeguard food and beverage, financial and in-kind donations from conflicts of interest during times of emergency or disaster.
5. Protect the image and reputation of CSOs, regional governments, disaster relief organisations and executive agencies, especially those engaged in work to prevent and reduce the burden of obesity and NCDs. Promote healthy, nutritious diets for all Caribbean people through improved food and nutrition security, against a background of twin epidemics of obesity and NCDs, and increased frequency and severity of climate-driven natural events.
6. This Guidance can be used outside of emergency/disaster settings to ensure the most vulnerable persons have consistent access to healthy nutritious foods.

About the HCC

The Healthy Caribbean Coalition (HCC), an alliance of almost 100 CSOs focused on NCD prevention and control, was formed in 2008, born out of the [2007 Port of Spain Declaration “Uniting to stop the epidemic of chronic NCDs”](#).²⁵ The mission of the HCC is “to harness the power of civil society, in collaboration with government, academia, and international partners, and private enterprise as appropriate, in the development and implementation of plans for the prevention and management of chronic diseases among Caribbean people.” The work of the HCC is guided by its [2017-2021 Strategic Plan](#)²⁶, its 2021 call for a [Transformative New NCD Agenda](#)²⁷ in the region and its current 2024 Strategic Plan currently under development.

Advocacy for healthy food policy and programming is a priority work area for the HCC, and in 2017 the Coalition launched the [Civil Society Action Plan for Preventing Childhood Obesity in the Caribbean](#).²⁸ Since then, the HCC has undertaken a number of initiatives aimed at supporting healthier food environments for Caribbean people, including those most vulnerable, such as people living with NCDs (PLWNCDs) and children.

Additional considerations

This guidance is focussed on the food and beverage donations as they are the most common type of donations and food is a necessary good. However, many of the principles apply broadly to unhealthy commodities which are known to cause ill health. These include tobacco, alcohol and fossil fuels, and

as such, some of this guidance may be useful and applicable to those industries.

This guidance is focussed on donations from the food and beverage industry but given the small size of the Caribbean region and its markets, UPPs may be donated by sectors outside of food and beverage (such as other corporations in the insurance, banking, tourism sectors etc.) In these instances, elements of this guidance should be applied in particular the acceptance/donation of only those foods which are defined as healthy by the PAHO NPM and or national guidelines.

The Guidance also addresses financial and in-kind donations from the UPP industry in an effort to protect the image and reputation of civil society and public sector actors who may benefit from these kinds of donations.

This resource is not intended to provide guidance around food safety, however food safety must be taken into consideration when dealing with food and beverage donations of any kind.

Finally, and importantly, implementation of these Guidelines may be challenging under certain extreme disaster/emergency situations such as the loss of local crops and/or the disruption of food supply chains leading to severe restrictions on food availability and resulting in scenarios in which there is a high level of need combined with a limited food supply dominated by UPPs high in sugars, fats (total, saturated and trans) and sodium.

5. Background

The Caribbean is prone to many natural hazards including earthquakes, volcanoes, landslides, tsunamis, hurricanes, and flooding. According to the Organisation of American States between 2000 and 2022, the Latin American and Caribbean region experienced over 1,000 disasters, impacting 190 million people.²⁹ In July 2024, Hurricane Beryl hit the Caribbean as the earliest Category 5 Atlantic Hurricane on record. Beryl wreaked havoc: crippling the fisheries sector in Barbados³⁰ destroying up to 90% of homes in parts of St. Vincent and the Grenadines and Grenada³¹; and causing widespread power outages and damage, including to the agricultural sector, in Jamaica.^{32,33} In the face of lives lost, infrastructure destroyed and health care centres flattened, governments faced hundreds of millions of dollars in damage and rebuilding costs.³⁴

In April 2021, Saint Vincent and the Grenadines experienced major volcanic activity from the La Soufriere volcano, leading to significant economic losses and health impacts. The volcano also affected neighbouring islands, including Barbados, St. Lucia and Grenada. In the aftermath of Hurricane Dorian (2019), many people in The Bahamas needed basic necessities as a result of the damage to their homes and communities. Hurricane Irma (2017) impacted many Caribbean nations and affected 10 million people, and Hurricane Maria, also in 2017, impacted nearly 1 million people. In 2010, over 100,000 lives were lost when an earthquake

of magnitude 7.0 struck Haiti, a country which has also been severely affected by hurricanes and tropical storms. These disasters, including flooding and periods of prolonged drought, are becoming more common, and it is important that any relief provided supports the health of the public.

In response to COVID-19 and natural events throughout the Latin America and Caribbean region, a number of countries, including Brazil, Mexico, and Uruguay, have adopted donations protocols, in attempts to ensure access to nutritious and adequate food for those most in need during these times of economic and food and nutrition insecurity.^{35,36,37}

NCDs, Obesity and Unhealthy Diets in the Caribbean

The Caribbean Public Health Agency (CARPHA) reports that NCDs, which include cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, are the leading cause of death and disability (over 75% of deaths) in the region, and 76% of all premature deaths are attributable to this category of diseases.^{38,39} The Pan American Health Organization (PAHO) reports that the Caribbean has the highest rates of NCDs and NCD mortality in all of the Americas.⁴⁰ NCDs can be prevented by addressing the modifiable risk factors including unhealthy diets. Unhealthy diets are fuelled by widely available, accessible and heavily marketed UPPs.⁴¹ Sugars, fats (total, saturated and trans) sodium, and NSS are referred to as nutrients of public health concern because they are closely linked to obesity and NCDs when consumed in excess.

Tackling overweight and obesity, requires population level reductions in intake of ready to eat and heat UPPs and instead, greater consumption of fresh unprocessed and minimally-processed foods such as vegetables, fruits, legumes, and lean meats. Some Caribbean countries are also



grappling with the double and triple burden of malnutrition, defined as co-occurring overweight and obesity, childhood underweight and stunting, and/or micronutrient deficiencies in one setting, which has devastating short- and long-term consequences, including disability and premature death.⁴² Addressing malnutrition requires a multi-pronged policy approach, including supporting breastfeeding, maternal and child health care, and school feeding programmes, to address underweight and stunting.⁴³ Reducing the quantity of sugars, fats (total, saturated and trans), sodium and NSS in diets can help to reduce the risk of overweight, obesity and NCDs and prevent worsening of disease among people living with NCDs while also yielding co-benefits in the area of underweight and stunting.^{44,45}

The Right to adequate, nutritious food

It remains unquestioned that all people have the right to adequate food^{46,47} as defined by the United Nations. All people have the rights to health and to adequate food, enshrined respectively in Articles 12 and 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR).⁴⁶ Article 24 of the Convention of the Rights of the Child also codifies children's right to adequate nutritious food.⁴⁸ The right to health is "an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health".⁴⁸ As such, access to adequate food is both a critical determinant of health, as well as a right of its own. The four main elements of the right to adequate food include availability, physical and economic accessibility, adequacy (which includes the nutrient value as well as cultural dimensions), and sustainability^{49,50,51,52}

"Ensuring people get the right nutrition saves lives, reduces suffering, prevents long-term health consequences and makes them more resilient to future shocks." - World Food Programme⁵³

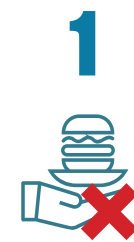
The Office of the UN Special Rapporteur on the right of everyone to the enjoyment of the highest

attainable standard of physical and mental health has reinforced the link between unhealthy diets, NCDs and the *right to health*, and the responsibility of the State to protect this right from vested commercial interests.^{54,55}

Donations of ultra-processed products during the COVID-19 pandemic

The COVID-19 pandemic exposed and intensified food and nutrition insecurity challenges in the Caribbean and globally, giving rise to renewed focus on strategies to fast-track healthy, sustainable food systems and the introduction of policies to enable healthy food environments. In the first year of the pandemic, there were donations of unhealthy foods, including contributions targeting vulnerable populations (and populations living in vulnerable conditions) such as children, people living with NCDs (PLWNCDs), and older persons, globally.^{12,55} As shown in two global reports published in 2020 in response to COVID-19 - *Signalling Virtue, Promoting Harm: Unhealthy commodity industries and COVID-19*⁵⁶ and *Facing Two Pandemics - How Big Food Undermined Public Health in the Era of COVID-19*¹² - the Caribbean food and beverage industry donated ultra-processed products across the region during the pandemic, mirroring actions of their global counterparts. This is not new or uniquely Caribbean according to the [NCD Alliance/Spectrum](#)⁵⁷ and the [Global Health Advocacy Incubator](#)¹² reports, which combined reviewed over 700 global examples of COVID-related industry activities. Regionally, the HCC and partners have voiced concerns around the donations of energy-dense, nutrient-poor food items over the course of the pandemic, given the vulnerability of PLWNCDs and those who are obese to severe COVID-19 disease. In April 2019, the HCC and the Organisation for Eastern Caribbean States (OECS) released a joint statement: [Strengthening Food and Nutrition Security in the Caribbean: A Legacy Response to the COVID-19 Pandemic](#)⁵⁸ which specifically called on private sector actors as follows: "Private sector entities in the processed and UPPs sector making COVID-19-related donations of any kind, refrain from promoting product lines that are high in sugar, salt or fat, or exploiting opportunities to increase brand visibility and loyalty."

6. A Closer Look at the Guidelines



1 Refrain from seeking, accepting or making donations of ultra-processed products as defined by the PAHO Nutrient Profile Model and/or existing official national nutrition policies and food-based dietary guidelines; **neither seek, accept, nor make financial or in-kind donations sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting such products.** Do accept and promote donations of healthy foods and beverage products or meals, according to the PAHO Nutrient Profile Model, provided that these are not sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting UPPs.

For suitable product donations, donors and recipients should refer to section 8 of this document (*Examples of Acceptable and Unacceptable Donations*) and the PAHO Nutrient Profile Model and focus on minimally or unprocessed foods.



2 Partner with small-scale food producers, including women, Indigenous peoples, agroecological farmers, family farmers, pastoralists and fishers, **to encourage the inclusion of local produce in contributions to feeding programmes or initiatives thereby** supporting local, healthy, equitable and sustainable food systems.

Locally grown fruits and vegetables are important components of a healthy diet. Promoting inclusion of locally grown produce in provisions for vulnerable communities can support local farmers and food supply chains and foster consumer demand for these products outside of disaster situations. This may, however, be challenging in some disaster settings, such as after hurricanes, flooding or volcanic eruptions, when local crops are destroyed or crop volumes are significantly affected.



3 Refrain from seeking, accepting or making donations of breast-milk substitutes (with exceptions), as this can increase the use of substitutes and decrease or displace breastfeeding; **neither seek, accept, nor make financial or in-kind donations sourced from companies manufacturing, importing, distributing, selling, marketing, or promoting such products.** Encourage health professionals to promote breastfeeding and provide support for mothers unable to breastfeed.

Not breastfeeding is linked to short- and long-term negative outcomes including increased infant mortality, higher rates of obesity, NCDs and decreased cognition; and reduces diabetes and cancer risk in mothers.^{59,60} Research has shown that mothers are inundated with incorrect and misleading information derived from health claims and other information on infant formula packaging.^{61,62,63} Commercial infant formula is an ultra-processed product. The [International Code of Marketing of Breast-milk Substitutes](#)⁶⁴ seeks to regulate the marketing of breast-milk substitutes in order to stop the aggressive and inappropriate marketing of BMS, as a minimum requirement to protect and promote appropriate infant and young child feeding. Several subsequent WHA resolutions have clarified and expanded on issues covered in the Code and are considered a part of the Code package.

As far as possible, all stakeholders should encourage breastfeeding promotion and referral of new mothers to health professionals to provide the necessary support for mothers to initiate and maintain breastfeeding. When alternatives to breastfeeding are needed (such as when infants have been separated from their mothers in emergency situations, and human milk banks are not available), these substitutes should be provided through the health system in compliance with the International Code and follow WHO Guidelines for complementary feeding. In such situations where infants are fed milks other than breast milk, infants 6–23 months of age should be fed with animal milks, not milk formulas.⁶⁵

4



Ensure donations support continuity of services such as community feeding programmes, and school feeding programs providing healthy foods to children and other vulnerable populations (populations living in vulnerable conditions), following the PAHO Nutrient Profile Model.

As in the aftermath of other emergencies and disasters, the COVID-19 pandemic lockdowns and related measures led to significant disruption in national and community-based feeding initiatives such as school meals programmes and food banks for the needy, exacerbating the problem of food insecurity affecting many of the members of society facing the most vulnerable conditions, including children.⁶⁶ Healthy food donations should be directed to programmes which have the existing infrastructure to ensure that large quantities of high-quality nutritious food reaches large numbers of people most in need. Where such formal programmes or systems do not exist, Governments should prioritise their establishment. Governments and other actors managing feeding programmes should not establish partnerships with ultra-processed product companies for the maintenance of feeding services in times of disaster or need (and generally outside of emergency settings).

5



Avoid engaging in joint communications (including campaigns) or cause-related marketing^{iv} with companies (including fast-food, sweet drinks and other UPPs companies) that produce, import, distribute, advertise, promote, market or sell any UPPs, in order to prevent actual/real, potential or perceived conflicts of interest, including possible involvement or influence in public health policies and programmes and/or misperception of indiscriminate brand endorsement. This may lead to the actual/real, potential or perceived prioritisation of private vested interests over public health and well-being.

Joint communications including marketing, promoting and sponsorship (for example co-branding, media events, joint press releases, photo opportunities etc.) with UPPs actors has the potential to:

- Lead to the perception that the entity (e.g., government, civil society, disaster relief agency or executive agency) endorses a specific ultra-processed product company or their specific brands or products.
- Create confusing messaging between the public-facing duties of these entities (such as government's role to protect and guarantee rights) versus the endorsement of private interests through any type of partnerships.
- Send conflicting messages to the public about what is adequate/nutritious/healthy food.

This presents a real risk to the reputation of the entity, especially in the case of those entities promoting health or NCD and obesity prevention agendas.

Donations made by the ultra-processed product industry are often accompanied by media events or press releases which promote the specific company and its UPPs, while building public favour as a result of the alignment with a specific government agency, health or civil society organisation, or other reputable agency. These public-facing partnerships or collaborations often disproportionately benefit the companies, and in some instances may harm the reputation of the receiving partner.

6



Establish standards (adopt these Guidelines) for donations that prioritise healthy food and beverages, as defined by the PAHO NPM.

Civil society organisations, government entities, including feeding programmes, disaster relief organisations and executive agencies should adopt these Guidelines. States have a duty to safeguard public health and ensure the rights to health and to adequate food. It is the role of Governments to safeguard public health and as such implement principles such as these for food and beverage, financial and in-kind donations from the commercial sector. The commercial sector, with its primary profit-making interests, must not be left to self-regulate on this matter.

7



Assess and transparently document decision-making processes. It is important to assess and transparently document decision-making processes as an important record of the current environment and to inform future decisions. Documenting the decisions and associated rationale is also a critical step in identifying existing limitations and advocating for changes which will decrease the likelihood of having to engage with unhealthy food industry actors in the future.

Engagement with companies that manufacture, import, distribute, sell, or promote harmful products that are not recommended as part of a healthy diet according to the PAHO NPM and existing official national nutrition policies and food-based dietary guidelines should be avoided given the conflicts of interest between public health goals and private sector vested interests. However, in small Caribbean countries, due to companies often having heterogeneous (healthy and unhealthy) product lines, it may be difficult to differentiate between healthy versus unhealthy food industry actors. This is often compounded by limited financial resources and relatively restricted funding options and time constraints on the part of the recipient entities. In these instances, organisations should assess the potential engagement with commercial actors (weighing harms versus benefits) before deciding to accept a donation or interact in another way with such actors and make such assessment transparently. The decision-making process should be clearly documented for future reference.

Organisations should adopt guidelines (such as these, see no. 6, above) around accepting food, beverage, financial and in-kind donations from the UPP industry.

The Healthy Caribbean Coalition has developed a screening/scoping tool based on the PAHO/WHO's [Preventing and Managing Conflicts of Interest in Country-level Nutrition Programs: A Roadmap for Implementing the World Health Organization's Draft Approach in the Americas](#).⁶⁷

The main purpose of the tool is to identify and prevent or manage institutional/organisational conflicts of interest in the small community settings of the Caribbean. The tool can be requested from the HCC Secretariat.

Other Consideration: Ensure that national food safety protocols for the preparation and storage of food are strictly adhered to by entities preparing or storing foods that will be donated. Two useful regional and international technical food safety and food hygiene guidance documents are the [Risk-based food inspection manual for the Caribbean \(2019\)](#),⁶⁸ and the [CODEX General Principles of Food Hygiene](#)⁶⁹ (last revision 2020).

^{iv} See Section 2, Some Important Definitions and Concepts

7. Evidence-based Protocol Examples

Several countries in the Latin America region and multilateral bodies (UNICEF, PAHO) have released national and regional guidance for food and beverage donations during the COVID-19 emergency as well as other emergency situations.

Colombia's protocol

Food and beverage advocates in Colombia created [sample guidance documents on food donations](#),⁷⁰ which were then adapted and adopted by the government. The guidance has specific recommendations of foods that should be donated, in line with the dietary guidelines for the Colombian population. Sugary foods/products or sugar donations are discouraged, as are foods/products with trans-fat content. The donation protocol clearly states the need to restrict donations of foods/products high in nutrients of concern, including sugary drinks. The protocol also discusses the need for specialised donations based on demographic groups. For example, children under 2 years old should not receive infant formula through donation centres, only through medical doctor's offices, so that health professionals can distribute as needed.

Uruguay's protocol

Uruguay's protocol for the evaluation of food donations is based on recommendations contained in the Ministry of Health's [Food Guide for the Uruguayan population](#),⁷¹ which were then integrated into the protocols for the National Institute of Food, a department of the Ministry of Social Development. These guidelines include specific recommendations for the acceptance of food donations based on the NOVA classification of food and beverages, recommended by the PAHO publication [Ultra-processed food and drinks in Latin America: sales, sources, nutrient profiles and implications](#).⁷² The protocol was developed in response to one of the country's main public health challenges – rising chronic NCDs related to the high consumption of foods and drink with excess sugars, fats and salt/sodium.

UNICEF's [Technical note on donations and financial or in-kind contributions from the food and beverage companies](#),⁷³ makes the following recommendations for the COVID-19 crisis, which can apply to other emergency situations, and provides guidance for their implementation at country level.

1. Do not seek or accept donations of foods high in saturated fats, sugar and/or salt (unhealthy foods).
2. Do not seek or accept donations of breast-milk substitutes, as this can increase the use of substitutes and decrease breastfeeding.
3. Avoid engaging with companies that produce unhealthy foods and do not engage in joint communications or cause-related marketing.
4. Ensure continuity of services, including school feeding programmes, providing healthy foods for children through school food programmes.

The UNICEF Technical note also provides several exceptions to allow for donations from the food and beverage industry, including where the industry can donate foods such as rice, beans, water, fresh or canned vegetables, and/or non-food items, such as personal protective equipment and soap.

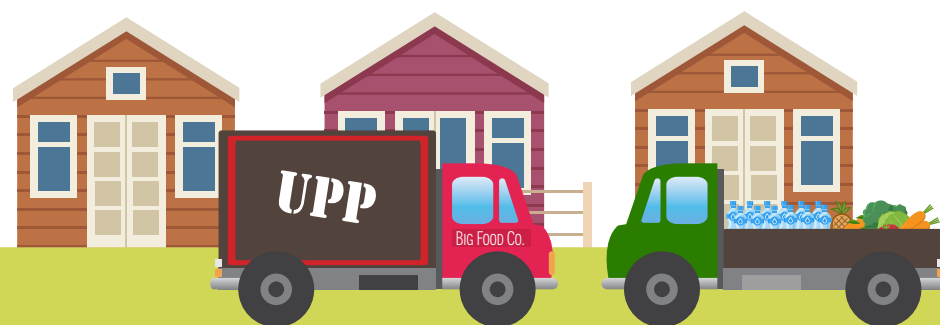
Other useful documents:

WHO: [Action framework for developing and implementing public food procurement and service policies for a healthy diet](#)⁷⁴

Centre for Science in the Public Health Interest: [Healthier food donation guidelines for retailers and distributors](#)⁷⁵

FAO/WHO: [Sustainable Healthy Diets – Guiding Principles](#)⁷⁶

UNICEF: [United Nations Children's Fund \(UNICEF\), Engaging with the Food and Beverage Industry: UNICEF Programme Guidance, 2023](#)⁷⁷



8. Questions and Answers on Accepting Donations

1. Why shouldn't civil society organisations, government entities, feeding programmes, disaster relief organisations and/or executive agencies accept products or financial donations from the ultra-processed products industry?

Many food and beverage industry companies produce UPPs which are high in sugars, fats (total, saturated and trans), sodium/salt and NSS and do not meet recommended dietary practices or provide balance in fulfilling nutritional needs. Consumption of these types of foods can worsen existing, or increase the risk of developing health problems, such as obesity, diabetes or cardiovascular disease.^{4,5} This is particularly concerning among populations living in vulnerable conditions such as people/communities with low socioeconomic status, the elderly, and people living with NCDs, who are often the beneficiaries of donations. Accepting financial and other in-kind donations from the UPPs industry expands the consumption of unhealthy foods, which can increase the risk for NCDs, exacerbate existing illness, and reinforce the industry's position as part of the solution (contributing to meeting the nutritional needs of communities), despite their contributions to the epidemics of malnutrition in its many forms.

Engaging in cause-related marketing with actors in the UPPs industries are often presented to CSOs, governments and disaster relief organisations and executive agencies as mutually beneficial. Although participating in CRM, such as through the acceptance of monetary donations, may seem beneficial, by accepting these donations from the industry, an organisation may be seen as endorsing that product or company.⁷⁸ Considering the role these industry actors play in worsening the overweight and obesity and NCD epidemics, acceptance of donations contradicts the responsibility of civil society organisations, government entities, including feeding programmes, disaster relief organisations and executive agencies, to provide adequate nutritious food to the communities they serve.

In summary, by accepting food and beverage products, or financial or in-kind donations from the UPPs industry, civil society organisations, government entities, including feeding programmes, disaster relief organisations and executive agencies are potentially, directly and/or indirectly:

1. Endorsing a specific UPPs company or their specific brands or products.
2. Endorsing public consumption of UPPs - a category of products which are known to cause ill health.
3. Creating confusing messaging between the public facing duties of these entities (roles to promote health or protect and guarantee health rights) versus the endorsement of private interests through any type of partnerships.
4. Sending mixed and confusing messages to the public about what is adequate/nutritious/healthy food.
5. Undermining their reputation both within the public sphere and within their own organisations.
6. Compromising their credibility and legitimacy as health promoting/protecting agencies and by extension their ability to effectively implement future related policies and programmes.

2. How does the ultra-processed products industry leverage donations of products or money?

Product and monetary donations may be used by some actors in the ultra-processed products industry as part of corporate social responsibility (CSR) strategies to improve their own image and increase brand visibility and loyalty while supporting communities. The donations are often part of joint communications and cause related marketing initiatives and/ or accompanied by media events or press releases which promote the specific company and its ultra-processed products, while building public favour as a result of the alignment with a specific government agency, health or civil society organisation, or other reputable agency. These public-facing partnerships or collaborations often disproportionately benefit the companies, and in some instances may even harm the reputation of the receiving partner as discussed above.

Through CSR, some actors in the food and beverage industry are able to place the blame for obesity and other diet-related diseases on individual behaviours, such as lack of physical activity, rather than on the marketing and consumption of their unhealthy products, and even frame their products as part of the solution to diet-related diseases.^{78,79}

Additionally, by framing itself as part of the solution to solution to NCDs and obesity through CSR initiatives, the industry has in some instances inserted itself into policymaking discussions, leading to the delay, dilution or derailment of healthy food policies.^{14,80,81,82} This undermines and compromises the role and obligation of governments to effectively address obesity, NCDs, and the double and triple burden of malnutrition facing the region.

In summary, the ultra-processed products industry may leverage donations of products or financial donations to:

1. Build brand credibility (and the public impression of brand endorsement) through alignment with public health organisations and agencies.
2. Expand and build brand visibility and loyalty.
3. Push public perception that a brand or a particular product is healthy and nutritious.
4. Shift the narrative away from regulation of the industry towards individual responsibility for healthy dietary behaviours.
5. Create entry points into public health policymaking spaces ultimately to delay, dilute or derail healthy food policies.

Ultimately these strategies are aimed at increasing consumption of these products and driving up profits for these industries.

3. What if the products donated by ultra-processed product industry are healthy foods and not ultra-processed products (e.g. water)?

Increasingly, many ultra-processed product companies have healthy product lines to meet the growing consumer demand for healthy options. These diverse product portfolios are commonplace in small community settings such as those in the Caribbean where one company may for example manufacture all locally produced beverages including non-alcoholic healthy and unhealthy beverages and alcoholic beverages. In instances where there are limited options such as the scenario just described, donations of healthy products may be accepted from these ultra-processed product companies with restrictions in particular around marketing. See Example Scenarios in Section 9.

Cross-branding and the extent to which brands drive consumers to purchase ultra-processed products when they receive donations of products that belong to brands known to manufacture ultra-processed products, must be taken into consideration when determining whether or not to accept donations of healthy foods and beverages from an ultra-processed products actor.^{76,77,78}

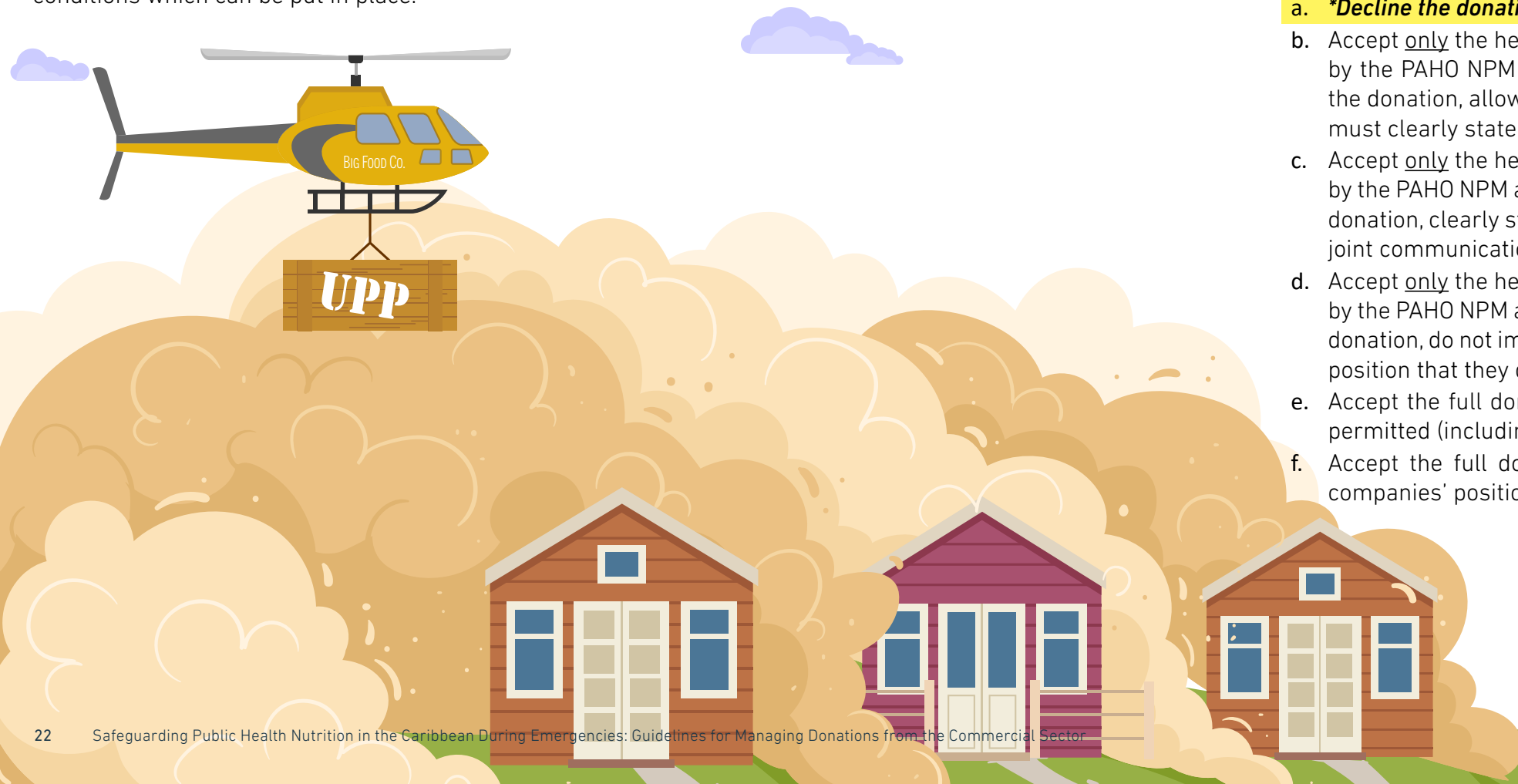
4. What are some key considerations for small developing states/ small communities?

Where possible, products or financial donations from the ultra-processed products industry should be avoided for the reasons outlined above.

However, in many small communities, food and beverage manufacturers, distributors, and retailers (including fast food companies) have diverse, heterogeneous product lines which include a range of healthy (unprocessed, minimally processed/ processed) and unhealthy processed and ultra-processed products (foods and beverages).

The existence of healthy product lines opens the doors to donations from these companies either in the form of their healthy products or financial or in-kind donations but this may be associated with potential risk given the association with unhealthy products.

It is important, therefore, to assess donations on a case-by-case basis, using the Guidelines presented in this document. It is always important to transparently document decision-making processes when accepting or rejecting donations as an important record of the current environment and to inform future decisions. In some instances, exceptions may be made, with conditions in place to protect the reputation of the government, civil society organisation, disaster relief organisation or executing agency receiving the donations and the public. The scenarios in the following section provide examples of the kinds of conditions which can be put in place.



9. Example Scenarios

The following scenarios are presented to assist in the application of these Guidelines in the complex settings of the small developing states of the Caribbean.

For each scenario there are a series of options which range from the most ideal (a) to the least ideal (the last option in each list).

For all of the scenarios it is understood that there may be extreme scenarios in which the level of need (high) combined with limited healthy donations, necessitates the acceptance of donations from ultra-processed products companies in full including UPPs, with no restrictions around publicity.

**Most ideal response*

Scenario 1



A global cola company approaches the government with a multi-million-dollar donation of its products (including sweet carbonated cola drinks, other ultra-processed beverages products, and water) in the wake of a devastating hurricane. The cola company indicates that they have no intention to publicise the donation in the media. What should the government do?

(The decision/response that results in the best protection for the population is the **most ideal response* highlighted below)

- a. ****Decline the donation because it is from an ultra-processed product company.***
- b. Accept only the healthy beverages, that is, water and beverages that contain less sugar than defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy products/items were donated/accepted.
- c. Accept only the healthy beverages, that is, water and beverages that contain less sugar than defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- d. Accept only the healthy beverages, that is, water and beverages that contain less sugar than defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, do not impose any stipulations around publicity (in good faith with respect to the companies' position that they do not intend to publicise).
- e. Accept the full donation clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- f. Accept the full donation with no stipulations around publicity (in good faith with respect to the companies' position that they do not intend to publicise).



Scenario 2



A large local food company (with both ultra-processed and healthy product lines) approaches the government with a variety of its products (including processed meats and juices) to donate to a community which has just experienced a disastrous flooding event. What should the government do?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the donation because it is from a company which includes ultra-processed foods and beverages in its portfolio.**
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy products/items were donated/accepted.
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, do not impose any stipulations around publicity.
- Accept the full donation clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the full donation with no stipulations around publicity.

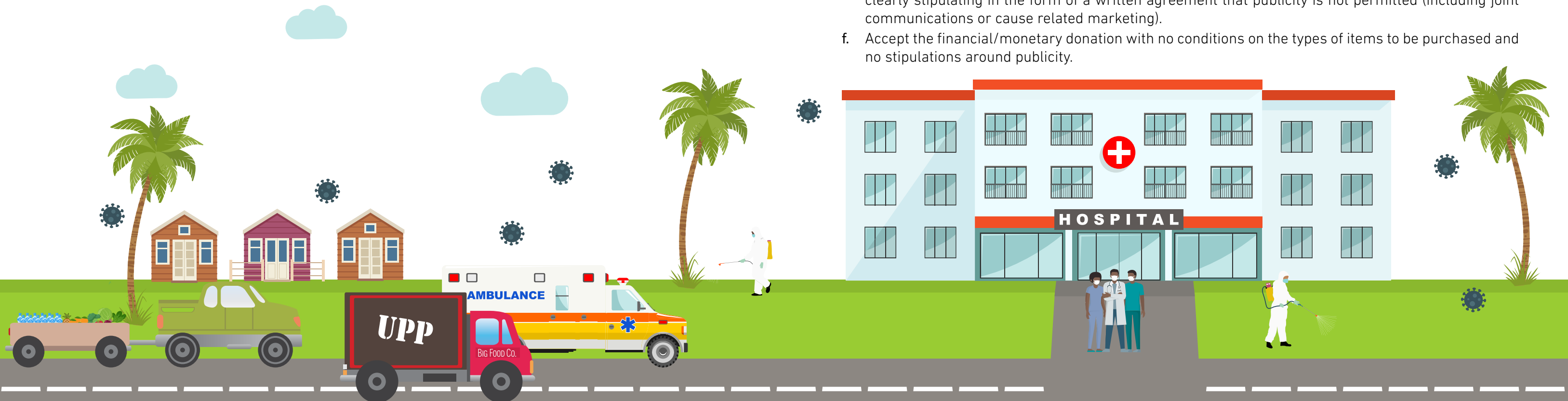
Scenario 3



A major global ultra-processed product company offers a civil society organisation a million-dollar financial/monetary donation to provide needed supplies (including medical equipment, medicines, healthy food and shelter) in the wake of a crisis. What should the organisation do?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the financial/monetary donation because it is from an ultra-processed products company.**
- Accept the financial/monetary donation and use it for the purchase of healthy foods and beverages (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products) and other items such as medical equipment, medicines and shelter. In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy products/items were purchased with the funds.
- Accept the financial/monetary donation and use it for the purchase of healthy foods and beverages (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products) and other items such as medical equipment, medicines and shelter. In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the financial/monetary donation and use it for the purchase of healthy foods and beverages (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products) and other items such as medical equipment, medicines and shelter. In accepting the donation, do not impose any stipulations around publicity.
- Accept the financial/monetary donation with no conditions on the types of items to be purchased and clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the financial/monetary donation with no conditions on the types of items to be purchased and no stipulations around publicity.



Scenario 4



After a major hurricane, local private sector companies step up to help the government and local civil society organisations address urgent humanitarian needs. The only local beverage bottling company (which manufactures and bottles all local beverages including healthy and unhealthy non-alcoholic beverages) offers to donate beverages. The company has made it clear that it will be publicising the donations as part of their CSR. What should the government and the organisation do?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the donation because it is from a company which includes ultra-processed products (including alcohol) in its portfolio.**
- Accept only the healthy beverages, that is, water and beverages that contain less sugar than defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, allow for publicity (as per company request) but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy products/items were donated/accepted.
- Accept only the healthy beverages, that is, water and beverages that contain less sugar than defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, make no stipulations around publicity (leave this to the local company).
- Accept the full donation with no stipulations around publicity (leave this to the local company).

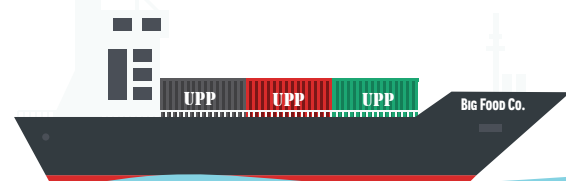
Scenario 5



In the midst of the COVID-19 pandemic, a local Fast Food chain approached a hospital offering to provide meals (predominantly ultra-processed fast food with some minimally processed meal options) for front line healthcare workers. What should the Hospital do?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the donation because it is from a Fast Food chain which primarily sells ultra-processed products.**
- Request healthy meals as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy meals were donated/accepted.
- Request healthy meals as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Request healthy meals as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, do not impose any stipulations around publicity.
- Accept the donation clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the donation with no stipulations around publicity.



Scenario 6



After a major hurricane, schools experienced significant disruption impacting the school meals programme. A local Fast-Food chain offers to donate specific menu items (5000 bottles of soft drinks and 5,000 fast ultra-processed food meal packs) and /or a significant sum of money to the government to provide meals or cover the cost of the school meals. What should the government do?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the donation because it is from a Fast Food chain which primarily sells ultra-processed products.**
- Request healthy meals (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products). In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy meals (and cash if applicable) were donated/accepted.
- Request healthy meals (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products) and cash (if applicable). In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Request healthy meals (as defined by the PAHO NPM and do not fall under the classification of ultra-processed products) and cash (if applicable). In accepting the donation, do not impose any stipulations around publicity.
- Accept the cash/financial donation only clearly stipulating in the form of a written agreement that publicity is permitted however any publicity must clearly state that only cash was donated/accepted.
- Accept the cash donation only clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the cash donation only with no stipulations around publicity.
- Accept the donation clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the donation with no stipulations around publicity.



Scenario 7



AND/OR?



After a significant flooding event leaves community members stranded for extended periods of time. A local NCD civil society organisation announces a hamper programme to provide much needed food for people living with NCDs and their families. The CSO is approached by a number of entities to fill the hampers including local farmers with fresh produce, and a local ultra-processed food company with healthy and unhealthy product lines. What should the CSO say to the ultra-processed food company?

(The decision/response that results in the best protection for the population is the *most ideal response highlighted below)

- *Decline the donation because it is from an ultra-processed products company and the hamper can be filled with fresh produce from other sources.**
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, allow for publicity but clearly stipulate in the form of a written agreement that publicity must clearly state that only healthy products/items were donated/accepted.
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, clearly stipulate in the form of a written agreement that publicity is not permitted (including joint communications or cause-related marketing).
- Accept only the healthy products as defined by the PAHO NPM and do not fall under the classification of ultra-processed products. In accepting the donation, do not impose any stipulations around publicity.
- Accept the donation clearly stipulating in the form of a written agreement that publicity is not permitted (including joint communications or cause related marketing).
- Accept the donation with no stipulations around publicity.

Responses to scenarios

All of the examples refer to donations from companies or fast food chains which include ultra-processed products within their product lines or services whether exclusively or as part of their portfolio.

Responses are listed in order from most ideal (no.1) to least ideal, with the most ideal being *Decline donations from any company or entity which has as part of its products and services ultra-processed products.

For all of the scenarios it is understood that there may be extreme scenarios in which the level of need (high) combined with limited donations, necessitates the acceptance of donations from these companies in full including UPPs with no restrictions around publicity (the least ideal response for all scenarios (no.1). In these instances, it is critical to document the decision-making process and final decision as recommended in seventh principle of these Guidelines.

Ideal Responses:

- The ideal response for all of the scenarios is to decline the donations from any company or entity which has as part of its products and services ultra-processed products.

Compromises:

The responses which fall between most ideal and least ideal, represent compromises due to, but limited to, the following factors:

- The company/ fast food entity has healthy product lines. The nature of the UPP industry is that there are multiple diverse health-harming, health-neutral, and health-supporting product lines. In some of the smaller countries there may only be one or two entities which manufacture and distribute a range of products. Refusing donations from these entities because of unhealthy product lines may give rise to situations in which there are no sources of healthy donations. This would be untenable in a disaster or emergency setting.
- There are no other sources of food and beverage donations. Due to the small size of some countries, sources of donations may be extremely limited.
- The levels of need/ hunger exceed the supply of healthy foods and beverages as defined by the PAHO NPM. Limited food supply in emergency situations may create situations in which the healthy options on their own do not meet the need, thereby necessitating the use of both healthy and unhealthy foods and beverages to meet urgent hunger needs. For example in some of the recent hurricanes the majority of local produce was wiped out leaving very limited food sources available. In these scenarios' compromises will likely be unavoidable.
- The complexity of the disaster may lead to breakdown of food supply chains again compromising and limiting the food availability in settings where in some countries up to 80% of consumed foods are imported.
- Government funding is low or exhausted (possibly due to the emergency response) and donations must be accepted from UPP entities in order to meet need/ hunger.

In instances above the following may be options:

- Accept donations of only the healthy product lines, as defined by PAHO NPM with no associated publicity (including joint communications or cause-related marketing).
- Accept financial donations which can also be used to purchase healthy foods and beverages, with no associated publicity (including joint communications or cause-related marketing).
- If publicity must be associated with the donation, stipulate that the publicity must clearly state that only healthy products/items or cash were donated/accepted.
- These options requires a risk assessment to determine whether or not the risk of being associated with the company and their unhealthy product lines outweighs the benefits of the donation. Can a similar donation be secured elsewhere from an entity which does not profit from ultra-processed foods (or other health harming products such as alcohol, tobacco and/or fossil fuels)?

10. Examples of Acceptable and Unacceptable Donations

The NOVA Classification system and the PAHO NPM (introduced in Section 2) can be used to assist in defining acceptable and unacceptable donations. **Table 2** presents examples foods as defined by the NOVA classification system. The list is not exhaustive.

Acceptable donations should be limited to foods which fall within the unprocessed or minimally processed, category of the NOVA classification system.

Products falling within the processed culinary ingredients and processed food categories of the NOVA classification system should not be accepted or donated if they exceed the nutrient thresholds defined by the PAHO NPM (**Table 3**).

Products falling within the ultra-processed food and drink products food categories are considered unacceptable for donations and not recommended. These products generally exceed the thresholds defined by the PAHO NPM and contain other additives. Figure 1 summarises acceptable, optional and unacceptable types of donations.

Countries should seek to support these Guidelines by developing a list of recommended foods which align with the PAHO NPM and meet local dietary guidelines. Such a list should if possible detail specific brands of foods and the list should be updated periodically. Countries can also build on their Healthy Baskets to provide a listing of acceptable donations which align with the PAHO NPM.

Special circumstances:

It is also important to note that in instances where perishable products cannot be refrigerated, non-perishable options such as canned foods with low levels of sugars, fats (total, saturated and trans), sodium/salt and NSS can be used, as defined by the PAHO NPM.

There may also be extreme circumstances in which the level of need (high) combined with limited healthy donations, necessitates the acceptance of donations of ultra-processed products. Where possible UPP donations should be not be accepted if they are above the threshold proposed by PAHO NPM.

It is important to note that the absence of standard front of package warning labels such as the 'High-in' octagonal warning label (which identifies pre-packaged foods high in critical nutrients such as sugars, fats (total, saturated and trans), sodium and NSS makes it challenging to easily identify healthy foods.

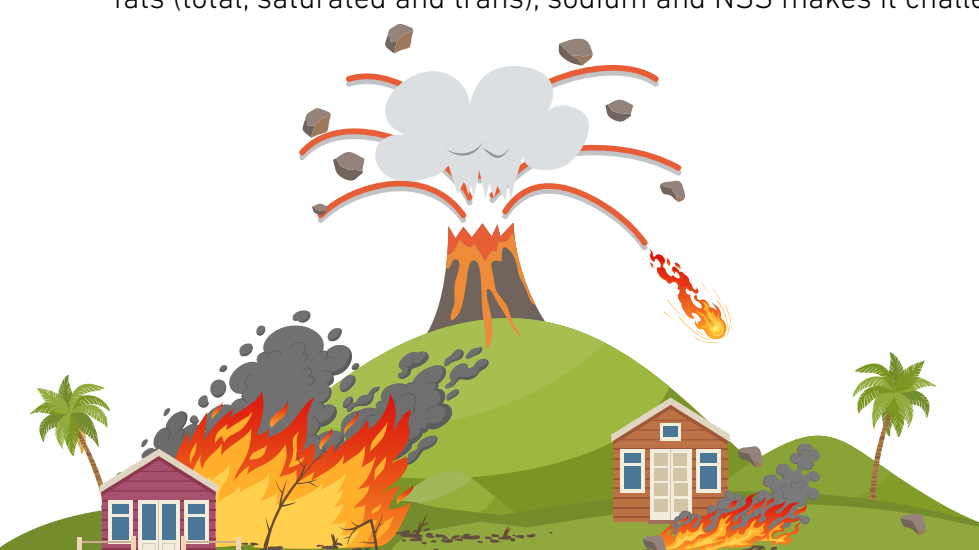
Table 2: The NOVA classification system for foods and food and beverage products: Examples

| Unprocessed or minimally processed | Processed culinary ingredients | Processed food | Ultra-processed food and drink products (UPFPs) |
|--|---|---|--|
| Fresh or frozen or canned fruits and vegetables, grains, legumes, tree and ground nuts, fresh unprocessed meats, seafood, herbs, spices, garlic, eggs and fresh or pasteurised milk (with no added sugars/sweeteners/ sodium/additives). | Cane sugar, vegetable oil, butter, lard | Bread, cheeses, canned fruits and vegetables; salted, cured, or smoked meats; or canned tuna. | Sweet beverages (sweet drinks/soft drinks/sodas/sugary carbonated drinks); packaged snacks e.g., chips and corn curls; chocolate, candy, ice cream; 'energy' bars and drinks; sweetened breakfast cereals; chicken nuggets, sausages, hot dogs, and other reconstituted meat products. |

Table 3: PAHO Nutrient Profile Model Criteria for identifying processed and ultra-processed products

| Sodium | Free sugars | Other sweeteners | Total fats | Saturated fats | Trans fats |
|----------------------|--|------------------|--------------------------------------|--|-------------------------------------|
| ≥1 mg of sodium/kcal | ≥ 10% of total energy from free sugars | Any amount | ≥ 30% of total energy from total fat | ≥ 10% of total energy from saturated fat | ≥ 1% of total energy from trans fat |

Figure 1



11. Long-term Solutions

The following are potential long-term solutions, however there are costs associated with some of the measures, which will need to be considered. Fiscal policies to deter consumption such as taxation on unhealthy commodities like UPPs, alcohol and tobacco, have the potential to generate revenue which can be earmarked to fund the types of initiatives described below. Other sources of financing should also be explored.

- 1. Implement healthy food policies to support inclusive, resilient and sustainable food systems:** Healthy, evidence-based and evidence-informed food policies, such as taxing sugar sweetened beverages (and more broadly taxing ultra-processed products and subsidies on foods that contribute to healthy diets), implementing front of package nutrition warning labelling, regulating the sale and marketing of ultra-processed products to children in all settings including schools, and ensuring the availability of, and accessibility to, healthy food and beverages, can help to change diets and reduce overweight, obesity and NCDs. These mutually reinforcing policies are endorsed and recommended by PAHO/WHO, CARPHA, national Ministries of Health across CARICOM; and are beneficial to both human and planetary health. The presence of these kinds of policies and legislation significantly limits opportunities for donations of unhealthy foods and moreover, creates an ecosystem which is not supportive of unhealthy food consumption at multiple levels.
- 2. Require government action to address nutritional content for food and beverage donations, aligned with the PAHO NPM and national food-based dietary guidelines:** In alignment with the recommended policies outlined above, and in support of equitable rights-based principles of public health governance, governments should ensure that food and beverage donations meet the standards set out in the PAHO NPM and/ or national nutrition policies and food-based dietary guidelines as has been done in a number of countries including Colombia and Uruguay.
- 3. Reduce food waste:** A 2014 FAO study showed that the amount of food lost to food waste in retail environments in The Bahamas, Jamaica, and Trinidad and Tobago could feed all the hungry people in those countries.⁸³ Food losses are mainly due to poor infrastructure and poorly organized value chains and occur at varying amounts in production, handling and storage, processing, distribution and at the consumer level.⁸⁴ Food Loss and Waste Reduction is a major component of CELAC's (Community of Latin American and Caribbean States), [Action Plan for Food and Nutrition Security and the Eradication of Hunger 2025](#).⁸⁵ Governments should be focusing on initiatives including investment in equipment and technology, particularly in storage and packaging, and training and development in post-harvest practices.

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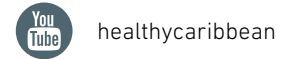
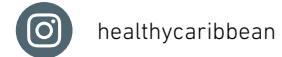
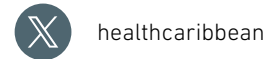
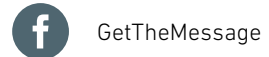
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