



**ACCELERATING THE REMOVAL OF  
ULTRA-PROCESSED PRODUCTS FROM  
CARIBBEAN SCHOOLS**  
**THE FOOD IN OUR SCHOOLS MATTERS**



4-5 July 2023  
Meeting Report



# MEETING REPORT

## ACCELERATING THE REMOVAL OF ULTRA- PROCESSED PRODUCTS FROM CARIBBEAN SCHOOLS

### THE FOOD IN OUR SCHOOLS MATTERS

Courtyard Marriott Hotel, Barbados  
4-5 July 2023



Pan American Health Organization/World Health Organization  
Global Health Advocacy Incubator  
Sagikor Life Inc.  
CIBC/First Caribbean COMTRUST

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Special thanks to Dr. Bevereley Barnett, the meeting rapporteur and primary author of this report.



## ACRONYMS AND ABBREVIATIONS

ABDA	Antigua and Barbuda Diabetes Association
ASBL	alternative snacks and beverage list
BCOPC	Barbados Childhood Obesity Prevention Coalition
BSNP	Barbados School Nutrition Policy
CAIHR	Caribbean Institute for Health Research
CARICOM	Caribbean Community
CARIMAC	Caribbean Institute of Media and Communications
CARPHA	Caribbean Public Health Agency
CDoH	commercial determinants of health
COP	Childhood obesity prevention
COVID-19	coronavirus disease 2019
CRC	Convention on the Rights of the Child
CROSQ	CARICOM Regional Organisation for Standards and Quality
CSO	civil society organisation
FAO	Food and Agriculture Organization of the United Nations
FOPWL	front-of-package nutrition warning labelling
GHAI	Global Health Advocacy Incubator
HCC	Healthy Caribbean Coalition
HCY	Healthy Caribbean Youth
HFJ	Heart Foundation of Jamaica
HFLE	Health and Family Life Education
HSFB	Heart and Stroke Foundation of Barbados
HFSS	high in fats, sugar, or salt/sodium
HoSG	Heads of State and Government
JYAN	Jamaica Youth Advocacy Network
M&E	monitoring and evaluation
MoETVT	Ministry of Education, Technological and Vocational Training
MoEY	Ministry of Education and Youth
MoHW	Ministry of Health and Wellness
NCD	non-communicable disease
NGO	non-governmental organisation
NNCDC	National Non-communicable Diseases Commission
NPM	nutrient profile model
NSNP	national school nutrition policy
PAHO	Pan American Health Organization
POSD	Declaration of Port of Spain
PSA	public service announcement
PTA	parent-teachers association
SDG	Sustainable Development Goal
SIDS	small island developing states
SSB	sugar-sweetened beverage
UN	United Nations
UNICEF	United Nations Children's Fund
UPPs	ultra-processed products
UWI	University of the West Indies
WHO	World Health Organization

## KEY MESSAGES

- Increasing levels of childhood obesity pose a significant risk to the sustainable development of the countries and territories of the Caribbean Community<sup>1</sup> (CARICOM), presenting the likelihood of aggravating the already significant health, social, and economic burdens caused by non-communicable diseases (NCDs)<sup>2</sup> in the Caribbean region.
- The Healthy Caribbean Coalition<sup>3</sup> (HCC), the premier alliance of civil society organisations (CSOs) working in NCD prevention and control in the region, has made childhood obesity prevention (COP) a focus of its actions since 2017.
- The HCC convened a meeting, *Accelerating the Removal of Ultra-processed Products from Caribbean Schools—the Food in Our Schools Matters*, 4-5 July 2023 in Bridgetown, Barbados. The school setting, with its captive audiences of children, parents, administrators, teachers, other school personnel, and vendors, provides a golden opportunity for health promotion interventions aimed at improving healthy nutrition and promoting physical activity, as part of COP strategies.
- The removal from schools of ultra-processed products (UPPs), which have been implicated as factors in the development of obesity and ill-health, is a human rights- and equity-based intervention that can contribute significantly to improving the school (and community) nutrition environment(s), reducing childhood obesity, enhancing child health, and reducing NCDs. In addition, the intervention is aligned with CARICOM's drive to strengthen food and nutrition security in the region,<sup>4</sup> one of several inequities exposed and worsened by the COVID-19 (coronavirus disease 2019) pandemic that was declared in March 2020.
- Participants in the meeting held 4-5 July 2023 identified successes, lessons learned, opportunities, and challenges in advancing healthy school nutrition environments, and proposed activities to make progress. From those discussions, the **recommendations** listed below for HCC member CSOs and the HCC Secretariat emerged, to be considered for execution in collaboration with key stakeholders and partners. The recommendations are presented under headings based on the HCC's 2021 call for a Transformative New NCD Agenda<sup>5</sup> in the Caribbean, underpinned by principles of equity, human rights, and empowerment of people with lived experience of NCDs, and focused on a life-course approach that prioritises prevention.



# RECOMMENDATIONS

## LIFE-COURSE PREVENTION

1. Advocate for the initiation of healthy nutrition and NCD prevention activities with children at an early age, integrating age-appropriate messages and strategies into pre-school settings and early childhood development programmes.
2. Continue high-level advocacy for, and development and implementation of, mutually-reinforcing interventions to address childhood obesity prevention, including fiscal policies such as at least 20% taxation on sugar-sweetened beverages (SSBs) and subsidies on healthy products, to increase affordability; implementation of the evidence-based octagonal 'high-in' front-of-package nutrition warning labelling (FOPWL) system recommended by PAHO; bans on the sale and promotion of SSBs, UPPs, and other products high in fats, sugar, and salt/sodium (HFSS) in school settings; restriction of the marketing of unhealthy products to children; and mandatory physical activity in schools.
3. Advocate for, contribute to, and promote the development and use of tools to enable healthy school nutrition, including, but not limited to, the formulation and dissemination of alternative snacks and beverages lists (ASBLs), identification and promotion of healthy product brands, and the observance of food donation protocols.

## SOCIAL INCLUSION AND PARTICIPATION IN POLICY DEVELOPMENT

1. Advocate for, and contribute to, the meaningful engagement of children and youth in the development and implementation of policies for healthy school nutrition, and the establishment of mechanisms for reaching and involving them where they are, for example, in schools, youth groups, and faith-based organisations.
2. Advocate for, and contribute to, building the capacity of children and youth to advocate and engage in the policy development process, taking advantage of expertise and tools available through the HCC and international development agencies such as the United Nations Children's Fund (UNICEF) and WHO, including the HCC [Youth Voices in Health Advocacy Spaces: A Guide for You\(th\) in the Childhood Advocacy Space](#);<sup>6</sup> the [2022 UNICEF Youth Advocacy Guide](#);<sup>7</sup> and the WHO [2022 An Advocacy Toolkit for Youth in the Health and Social Care Workforce](#).<sup>8</sup>
3. Encourage and support the creation of youth arms and positions for youth in decision-making spaces in health- and NCD-related CSOs.
4. Identify, build the capacity of, endorse, and promote emerging champions for COP and healthy school nutrition, including among children and youth.
5. Advocate for, and support, the creation of national COP alliances among CSOs working in health in countries where they do not currently exist, for strengthened collaboration and more coherent action.

## PEOPLE-CENTRED, EQUITABLE HEALTH SYSTEMS FOR UNIVERSAL HEALTH

1. Promote and contribute to equity- and human-rights-based approaches to healthy school nutrition and removal of UPPs from the school environment, invoking the Convention on the Rights of the Child and other human rights, and using available international human rights guidelines and monitoring strategies to assess governments' fulfilment of their obligations.
2. Advocate for the establishment of mechanisms for whole-of-government, whole-of-society participation in the development, implementation, monitoring, and evaluation of healthy school

nutrition policies, and adequate representation of civil society, people living with NCDs, children, and youth.

- 3 Conduct high-level advocacy for the development and enactment of legislation to enable the formulation and implementation of national school nutrition policies (NSNPs), including through amendment of current Education Acts, and develop, disseminate, and promote model legislation and policy to facilitate NSNP creation.
- 4 Conduct sensitisation and education sessions on the commercial determinants of health, conflict of interest, recognition of marketing, and food donation protocols for key stakeholders, including policymakers, technical personnel, CSOs, children, youth, and the general public.
- 5 Advocate for, and contribute to, the development and implementation of policies and regulations to prevent, identify, mitigate, and manage conflict of interest, stop Industry interference in the formulation of healthy school nutrition policies, and ensure exclusion of health-harming industries from participation in policy development.

## PARTNERSHIPS, NETWORKS, AND RESOURCE MOBILISATION

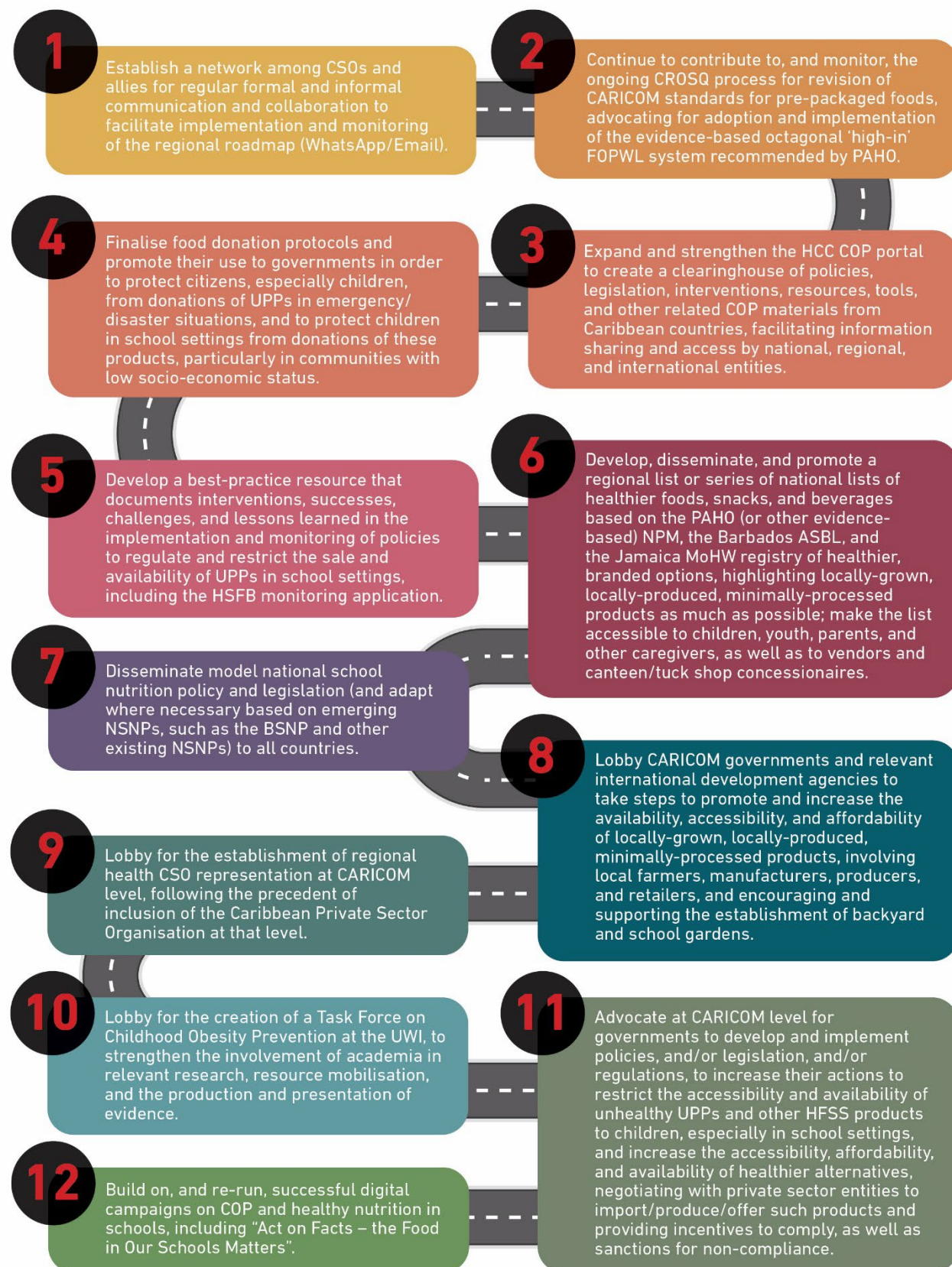
- 1 Encourage and support the establishment of networks among youth advocates and youth organisations to address COP, including healthy school nutrition, garnering support from regional organisations such as the HCC youth arm, Healthy Caribbean Youth (HCC/HCY), and technical cooperation from international development partners such as UNICEF and PAHO.
- 2 Encourage and support the establishment and/or strengthening of partnerships among CSOs in different geographical regions, for example, among SIDS, to enable mutual learning, information sharing, common approaches, and strengthened advocacy in high-level international fora.
- 3 Identify and promote opportunities to integrate removal of UPPs from schools and healthy school nutrition into relevant programmes, encompassing academic and other educational curricula, and into pertinent resource mobilisation efforts, including for maternal, child, and adolescent health; NCD prevention and control; food and nutrition security; and climate change mitigation and adaptation, seeking co-benefits and win-win solutions.

## ACCOUNTABILITY FOR DECISION MAKING

- 1 Advocate for, and contribute to, the establishment of information systems for health that provide both national and subnational information on childhood obesity, to enable advocacy and the provision of relevant information to leaders at constituency level, with a view to driving interventions and monitoring trends at that level.
- 2 Advocate for, and contribute to, the collection and use of qualitative and quantitative data, including through freedom of/access to information legislation, to inform evidence-based interventions, assess trends, track policy development and implementation, monitor conflict of interest and Industry interference, and determine the impact of interventions for removal of UPPs from schools and healthy school nutrition.

A critical objective of the 4-5 July 2023 meeting was the development of a **regional roadmap** comprising priority, practical, and achievable activities for implementation by HCC member CSOs and the HCC Secretariat to contribute to accelerating the removal of UPPs from Caribbean schools over the period 2023-2025, leading up to the [4<sup>th</sup> High-level Meeting of the United Nations \(UN\) General Assembly on the Prevention and Control of NCDs<sup>9</sup>](#) in 2025. The roadmap activities are listed below, and associated indicative timelines and indicators of success are outlined in the relevant section of this meeting report; these indicators will facilitate HCC's stocktaking of progress in July 2024 and July 2025.

## REGIONAL ROADMAP ACTIVITIES



1. Establish a network among CSOs and allies for communication and collaboration to facilitate implementation and monitoring of the regional roadmap (WhatsApp/Email).
2. Continue to contribute to, and monitor, the ongoing [CARICOM Regional Organisation for Standards and Quality](#)<sup>10</sup> (CROSQ) process for revision of CARICOM standards for pre-packaged foods, advocating for adoption and implementation of the evidence-based octagonal 'high-in' FOPWL system recommended by PAHO.
3. Expand and strengthen the HCC [COP portal](#)<sup>11</sup> to create a clearinghouse of policies, legislation, interventions, resources, tools, and other related COP materials from Caribbean countries, facilitating information sharing and access by national, regional, and international entities.
4. Develop food donation protocols and promote their use to governments in order to protect citizens, especially children, from donations of UPPs in emergency/disaster situations, and to protect children in school settings from donations of these products, particularly in communities with low socio-economic status.
5. Develop a best-practice resource that documents interventions, successes, challenges, and lessons learned in the implementation and monitoring of policies to regulate and restrict the sale and availability of UPPs in school settings, including the Heart and Stroke Foundation of Barbados (HSFB) monitoring application.
6. Develop, disseminate, and promote a list of healthier foods, snacks, and beverages based on the [PAHO Nutrient Profile Model](#)<sup>12</sup> (NPM), or other evidence-based NPM, the Barbados ASBL, and the Jamaica Ministry of Health and Wellness (MoHW) registry of healthier, branded options, highlighting locally-grown, locally-produced, minimally-processed products as much as possible; make the list accessible to children, youth, parents, and other caregivers, as well as to vendors and canteen/tuck shop concessionaires.
7. Disseminate model national school nutrition policy and legislation (and adapt where necessary based on emerging NSNPs, such as the [Barbados School Nutrition Policy](#),<sup>13</sup> \_BSNP, and other existing NSNPs) to all countries.
8. Lobby CARICOM governments and relevant international development agencies to take steps to promote and increase the availability, accessibility, and affordability of locally-grown, locally-produced, minimally-processed products, involving local farmers, manufacturers, producers, and retailers, and encouraging and supporting the establishment of backyard and school gardens.
9. Lobby for the establishment of regional health CSO representation at CARICOM level, following the precedent of inclusion of the Caribbean Private Sector Organisation at that level.
10. Lobby for the creation of a Task Force on Childhood Obesity Prevention at the University of the West Indies (UWI), to strengthen the involvement of academia in relevant research, resource mobilisation, and the production and presentation of evidence.
11. Advocate at CARICOM level for governments to develop and implement policies, and/or legislation, and/or regulations, to increase their actions to restrict the accessibility and availability of unhealthy UPPs and other HFSS products to children, especially in school settings, and increase the accessibility, affordability, and availability of healthier alternatives, negotiating with private sector entities to import/produce/offer such products and providing incentives to comply, as well as sanctions for non-compliance.
12. Build on, and re-run, successful digital campaigns on COP and healthy nutrition in schools, including "[Act on Facts – The Food in Our Schools Matters](#)".<sup>14</sup>

## INTRODUCTION

As the [Healthy Caribbean Coalition](#),<sup>3</sup> a network and alliance of CSOs working to prevent and control NCDs, continues its actions to contribute to the reduction of the staggering burden of these conditions in the Caribbean, childhood obesity prevention remains one of its major emphases. This issue has been a mainstay of the Coalition's work, reflected in its [Civil Society Action Plan: Preventing Childhood Obesity in the Caribbean 2017-2021](#),<sup>15</sup> with activities addressing the five strategic pillars of the [HCC Strategic Plan 2017-2021](#):<sup>16</sup> advocacy, accountability, capacity building, communication, and sustainability.

Aligned with the HCC's 2021 call for a Transformative New NCD Agenda underpinned by principles of equity, human rights, and empowerment of people with lived experience of NCDs, and focused on a life course approach that prioritises prevention, the Coalition's work to reduce the underlying causes of childhood obesity, particularly the commercial determinants of health (CDoH),<sup>17,18</sup> has intensified. In collaboration with strategic partners such as PAHO, the Caribbean Public Health Agency (CARPHA), and GHAI, the HCC established a COP portal, which includes a policy tracking tool—the [Childhood Obesity Prevention Scorecard](#)<sup>19</sup> (COPS)—and a compendium of [COP resources](#), and has undertaken strong advocacy for CARICOM Member Countries to implement policies that reduce the exposure of children to unhealthy food and beverages, namely HFSS UPPs. These include, but are not limited to, policies to ban the sale and marketing of UPPs, such as SSBs, in school settings; fiscal policies such as SSB taxation of at least 20%, as recommended by WHO<sup>20</sup> and PAHO,<sup>21</sup> and subsidies on healthy foods; and mandatory FOPWL.

In 2019, the HCC developed a [Civil Society Policy Brief: Priority Nutrition Policies for Healthy Children in the Caribbean](#),<sup>22</sup> and convened a regional meeting titled

['Accelerating Nutritional Policies in the Caribbean: Creating Supportive Environments for Healthy Children'](#).<sup>23</sup> Key messages from the Brief and the meeting included the imperative for governments to strengthen their efforts to safeguard children's health in fulfillment of their obligations as Parties to the [Convention on the Rights of the Child](#).<sup>24</sup> (CRC); the need for whole-of-government, whole-of-society approaches to the issue; and the critical importance of involving youth throughout the entire process of policy development, implementation, monitoring, and evaluation. These asks were captured in the main meeting outcome document, ['A Civil Society Call to Urgent Action for the Caribbean Region to Accelerate Nutrition Policies for the Creation of Healthy Environments for Caribbean Children' and supporting infographic](#).<sup>25</sup> In 2021, the HCC mounted a virtual regional conference "[Our Food, Our Health, Our People: Accelerating Healthy Food Policies to Tackle NCDs](#)",<sup>26</sup> which included an analysis of the school setting and healthy school policies in the Caribbean.

Since 2021, the HCC has continued to contribute to creating environments supportive of healthy food policies, including policies aimed at removing UPPs from school settings. HCC's youth arm, HCC/HCY, joined forces with the World Obesity Federation in 2021 to produce a resource for youth advocates: [Youth Voices in Health Advocacy Spaces: A Guide for You\(th\) in the Childhood Advocacy Space](#).<sup>27</sup> This was followed by [OUR HEALTH, OUR RIGHT: A Rights-Based Childhood Obesity Prevention Agenda for the Caribbean](#),<sup>28</sup> an accompanying resource to guide rights-based youth advocacy. Supported by global and regional partners, the HCC led the implementation of a series of regional digital campaigns aimed at building public and policymaker support for children's access to healthy foods, including one of HCC's most successful campaigns ['The Food in our](#)

[Schools Matters – Policy Can Make a Difference](#),<sup>29</sup> which was launched in 2022.

The HCC has also continued to work at the regional and national levels with partners to augment civil society’s role in supporting acceleration of school policies through hosting a series of cross-sharing meetings, and building networks between countries that have advanced with school policies and those that are exploring policy implementation. In order to support harmonisation of policy design, the HCC also developed [Model Policy and Legislative Guidance for Regulating the Availability and Marketing of Unhealthy Beverages and Food Products in and around Schools in the Caribbean](#)<sup>30</sup> in 2022. These resources have been disseminated widely.

There is an increasing sense of urgency and strengthened action around healthy food policy, as evidenced by the recent increase in the SSB tax in Barbados; the ongoing consultations on a CARICOM regional standard for FOPWL of pre-packaged foods using the octagonal, ‘high-in’ warning labelling system; increasing interest among governments to introduce strong school food regulations; and related political commitments nationally, regionally, and across [small island developing](#)

[states](#)<sup>31</sup> (SIDS). The HCC, PAHO, and other regional partners determined that the timing was optimal to bring together key actors to focus on the school food environment policy as a critical, rights-based—and perhaps the most achievable—priority policy intervention.

This HCC-convened meeting, 4-5 July 2023, a deliverable of the HCC’s sixth Letter of Agreement with PAHO, revitalised HCC’s collaborative advocacy for regional and national interventions for healthy nutrition in schools. Engaging a cross-section of national, regional, and global stakeholders, and using face-to-face and virtual participation, presentations, discussions, and group activities—punctuated by health/physical activity breaks—the meeting built on the 2019 and 2021 HCC meetings and intervening work to support implementation of strong school nutrition policies in countries and sharing of experiences, delving deeper into policies for healthy school nutrition and focusing not only on SSB bans, but also on removing UPPs from Caribbean schools. The meeting used the Mentimeter, accessed by scanning a QR code or through the website ([www.menti.com](http://www.menti.com)),<sup>32</sup> to obtain instant feedback and input from participants on various topics.

## BACKGROUND

The Caribbean has some of the highest adult obesity rates in the world, and one in every three children in the region is living with overweight or obesity.<sup>33</sup> Childhood overweight and obesity are not only associated with serious complications in childhood and adolescence, but they also track into adulthood, placing individuals at higher risk for NCDs. Like many other small developing states and low- and middle-income countries, the Caribbean region has experienced a nutritional transition driven by globalisation and trade liberalisation, resulting in a culture of diets characterised by excess consumption of HFSS UPPs, fueling skyrocketing rates of obesity and diet-related NCDs. The region has the highest consumption of SSBs, with most being consumed by young adults;<sup>34</sup> children from this region consume more SSBs than anywhere in the world, more than triple the global average.<sup>35</sup>

The urgency of the childhood overweight and obesity epidemic has been recognized by CARICOM Heads of State and Government (HoSG), who in 2018 endorsed several NCD priorities for the Third UN High-level Meeting on NCDs, including: “Implementing policies geared to preventing childhood obesity, including health-promoting school environments and Front of Package (FoP) labelling”.<sup>36</sup> Several Caribbean countries have taken steps to ban or restrict unhealthy foods and beverages in school settings, including Barbados, Bermuda, Jamaica, and Trinidad and Tobago.

The COVID-19 pandemic that was declared in March 2020 placed many of these types of measures on hold, and national responses to the pandemic resulted in widespread lockdowns—including school closures—and disruption of essential health services, including those for NCD prevention and control. COVID-19 exposed and worsened inequities within and among countries, and the pandemic’s negative health, social, and

economic impacts on developing countries such as those in the Caribbean, which include many uniquely vulnerable SIDS, are still being felt. There are global data pointing to a steep rise in overweight and obesity among children during the pandemic, including a doubling in the United States of America,<sup>37</sup> and in the Caribbean paediatricians raised the alarm as they began to see similar increases in unhealthy weights among their patient populations.<sup>38,39,40</sup>

The pandemic proved to be more serious for persons with underlying conditions such as obesity and NCDs,<sup>41</sup> and as it wanes, amid calls to “build back better and fairer”, Caribbean countries have begun to refocus their attention on regulating school food environments to ban the availability and accessibility of unhealthy foods and beverages. These efforts align with the [CARPHA 6-point policy package to promote healthier diets and food security](#),<sup>42</sup> and take into consideration guidance such as the [PAHO Nutrient Profile Model](#)<sup>12</sup> (NPM). The [Barbados School Nutrition Policy](#),<sup>13</sup> which was launched in February 2023, bans all SSBs and beverages with non-sugar sweeteners in schools, consistent with recent WHO guidance on the latter substances,<sup>43</sup> and St. Lucia, St. Vincent and the Grenadines, and several other CARICOM countries have signalled their interest in proceeding with similar restrictions. There are important lessons to be learned from Caribbean countries that have introduced these types of measures or are currently planning or contemplating strong school nutrition policies.

The need to strengthen these interventions received a global political boost from the [2023 Bridgetown Declaration on NCDs and Mental Health](#),<sup>44</sup> the outcome document of the [SIDS Ministerial Conference on NCDs and Mental Health](#)<sup>45</sup> that was held in Barbados in June 2023. The Declaration includes an action to “accelerate regulation of harmful marketing

practices to children, fiscal and pricing policies to increase the affordability of healthy foods, in line with [WHO 'best buys'](#)<sup>46</sup> to address the commercial determinants of health associated with unhealthy diet and the significant and growing burden of childhood obesity in SIDS", and anticipates collaboration among SIDS,

supported by technical cooperation and development partners, to execute this and other actions. This action in the 2023 Bridgetown Declaration aligns with the 2018 UNICEF rights-based approach<sup>47</sup> and a 2023 WHO guideline,<sup>48</sup> both of which aim to protect children from harmful food marketing.

**Good-practice statement:**

*Children of all ages should be protected from marketing of foods that are high in saturated fatty acids, trans-fatty acids, free sugars and/or salt.<sup>17</sup>*



## PARTICIPANT SUMMARY

Meeting participants comprised approximately 60 persons, with representation from 13 countries and territories; eight ministries of health, two ministries of education, and one ministry of agriculture; 18 national, regional, and international civil society organisations, two being in the last-mentioned category, and a parent-teacher association and a vendors' organisation being among the national CSOs; academia; three secondary schools in Barbados, represented by two students and a principal; and intergovernmental regional and international development and technical cooperation agencies, including CARPHA and three UN agencies.

The list of participants is in **Annex 1**.



# MEETING GOAL, OBJECTIVES, AND EXPECTED OUTCOMES

## GOAL

Support harmonised regional acceleration of robust evidence-informed policies which remove UPPs from school settings, by bringing together diverse stakeholders, including those from government, civil society, and academia.

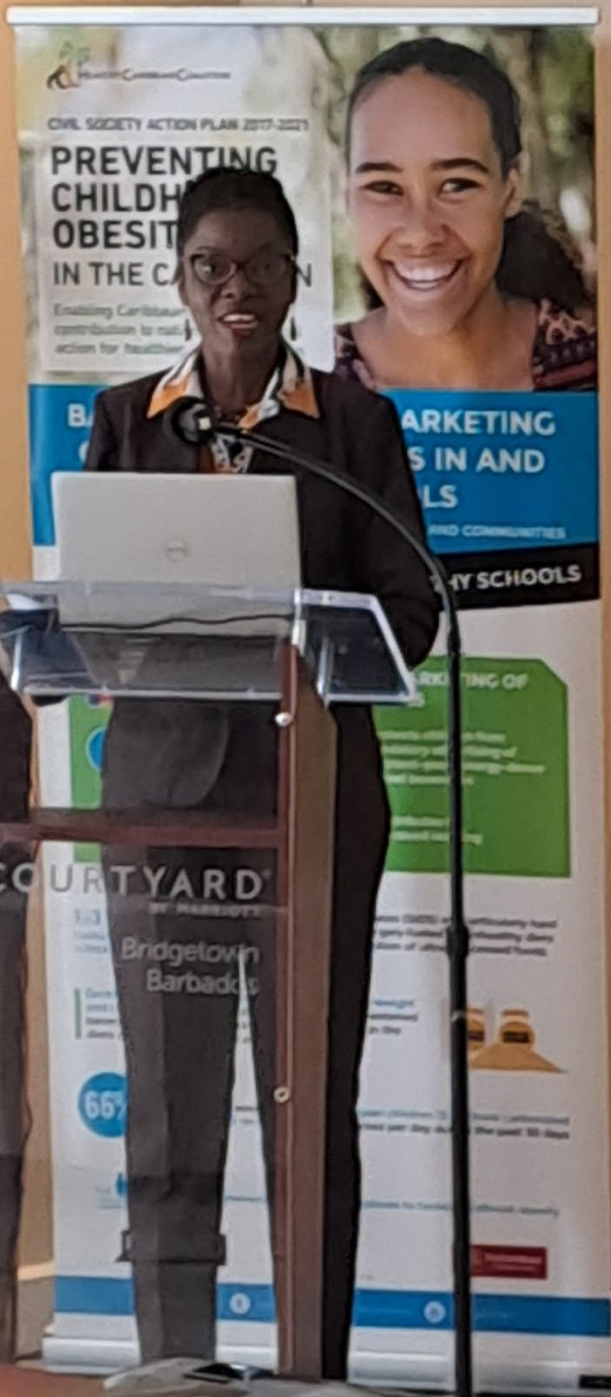
## OBJECTIVES

1. Share and document regional experiences and lessons learned in the implementation of regulations banning or restricting the availability and marketing of unhealthy UPPs, including SSBs, in school settings.
2. Discuss strategies to accelerate CARICOM-wide removal of UPPs from schools through the implementation of regulations banning or restricting the availability and marketing of these unhealthy products in school settings.
3. Develop a regional roadmap that supports the accelerated CARICOM-wide removal of UPPs from schools through the implementation of regulations banning or restricting the availability and marketing of these unhealthy products in school settings as part of a wider package of healthy food policies.

## EXPECTED OUTCOMES

1. Increased awareness, understanding, and documentation of regional experiences and lessons learned in the implementation of regulations banning or restricting the availability and marketing of UPPs, including SSBs, in school settings.
2. Consensus on strategies to accelerate CARICOM-wide removal of UPPs from schools through the implementation of regulations banning or restricting the availability and marketing of these unhealthy products in school settings.
3. Draft regional roadmap to support the accelerated CARICOM-wide removal of UPPs from schools through the implementation of regulations banning or restricting the availability and marketing of these unhealthy products in school settings as part of a wider package of healthy food policies.

The meeting programme is in **Annex 2**.



# SESSION SUMMARIES – DAY 1

## SESSION 1 - OPENING

### REMARKS

*Moderator: Ms. Maisha Hutton, Executive Director, HCC*

**Ms. Hutton** welcomed participants, acknowledged PAHO's support in funding the meeting—the topic which has been an area of HCC's focus—and introduced a short public service announcement (PSA) to set the scene regarding unhealthy foods in schools.

**Sir Trevor Hassell**, President, HCC, welcomed participants on behalf of the HCC Directors, member organisations, partners, and volunteers, noting that the meeting aimed to share experiences and discuss the way forward to remove UPPs from Caribbean schools. He reminded that Caribbean countries' rates of childhood obesity were among highest in the world, and that failure to slow or reverse the ever-increasing rate of obesity would lead to failure to achieve [Sustainable Development Goal \(SDG\) 3 and target 3.4](#).<sup>49</sup> this necessitated implementation of well-recognised measures that impacted childhood and adult obesity. Integral to these efforts, he said, was recognition that these policies required recognition of the commercial determinants of health; the social, environmental, and economic drivers of risk; strong advocacy; and good governance.

He drew attention to the July 2023 call by the Dean of the CARICOM Youth Ambassadors on CARICOM HoSG to implement FOPWL, healthy NSNPs, policies for improved access to mental health services, and meaningful youth engagement. He noted that this was a demonstration of what was possible, with strategic thinking, collaboration, and passion, and exhorted participants to follow the example set by youth and draw on their energy

in this meeting. In a short presentation that complemented his remarks, Sir Trevor stated that the meeting had over 60 participants representing ten CARICOM countries, from technical and administrative levels of ministries of health and education; civil society; academia; people with lived experience of NCDs; colleagues from as far as Brazil; and regional partners, including PAHO and CARPHA. He shared the meeting goal, objectives, and expected outcomes, and acknowledged external support and sponsors, as well as the HCC team that planned and mounted the meeting. **The full text of his opening remarks is in Annex 3.**

**Dr. Ramona Archer-Bradshaw**, Chief Education Officer, Ministry of Education, Technological and Vocational Training (MoETVT), Barbados, who Sir Trevor hailed as a national champion and leader in efforts to remove UPPs and make schools healthier in Barbados, reiterated that SSBs and UPPs in schools affected the health of children. She stated that though HFSS products might be tasty and convenient, their overconsumption can lead to ill-health, and this issue called for immediate attention. She noted statistics identifying the Caribbean as the region with the highest consumption of SSBs, high premature mortality due to NCDs, and high rates of diabetes and hypertension, as well as underconsumption of fruits and vegetables. She further stated that the alarming prevalence of childhood overweight and obesity was driven by consumption of high-fat products and SSBs, as well as physical activity levels that were below recommended levels.

She emphasised that now was the time for action, and that there should be a concerted regional approach to removing UPPs from schools and providing healthier foods, noting

that Barbados had removed SSBs and unhealthy foods from that setting. She remarked that though the battle was not easy, the country was making progress, which could be accelerated through a concurrent regional approach. She acknowledged the importance of the participation of canteen operators and concessionaires; the need to raise the awareness of teachers, parents, and caregivers regarding the dangers of these products; the value of a balanced diet; and the relationship between a healthy student and good performance. In addition, she said, the community had a role to play, including the farmers and fisherfolk who could provide

locally-sourced ingredients, thus promoting local agriculture and contributing to economic growth.

Dr. Archer-Bradshaw identified other important and complementary factors for the removal of UPPs from schools, including improvement in school infrastructure to ensure proper preparation of food; monitoring and evaluation, with regular assessment of school meal programmes and the offerings of vendors and concessionaires; promotion of physical activity; and a multisectoral approach, with transparency. **The full text of her opening remarks is in Annex 3.**



*The removal of UPPs in schools is a collective responsibility to provide a healthy environment for our students. The health of our children is worth every effort—if we don't take care of our children's wellness now, we will have no choice but to take care of their illness later.*

*Dr. Ramona Archer-Bradshaw, Chief Education Officer  
Ministry of Education, Technological and Vocational Training  
Barbados*

**Dr. Gloria Giraldo, Advisor NCDs and Mental Health, PAHO/WHO, Barbados**, expressed her pleasure on behalf of Mr. Dean Chambliss, the Subregional Program Director for the Caribbean, and referenced the June 2023 SIDS Ministerial Conference on NCDs and Mental Health. She noted that, in the Bridgetown Declaration that emerged from the Conference, the Ministers had underscored the high rates of childhood and adult obesity in SIDS, and she highlighted the [PAHO ENLACE data portal](#)<sup>50</sup> as a resource for easily accessible NCD data. These data, she said, were not simply numbers—they represented lives, and 20%-35% of children aged 5-9 years in the Americas were overweight or obese, with the latter condition affecting a subset of 7-15%.

Dr. Giraldo referenced the global nutrition transition, from meals made from natural farm-grown food to meals available in 'frozen boxes', and noted that many nutrition and food scientists believed that UPPs were so far removed from their origin foods that it was appropriate to call them 'products', rather than foods. She advised that the NOVA system for food classification, based on the degree of processing,<sup>51</sup> was available to assist in the definition of 'food' and in understanding the process through which natural foods with nutrients became UPPs that contain almost no nutrients and many additives. **The full text of her opening remarks is in Annex 3.**

In response to **Sir Trevor Hassell's** invitation to provide an overview of the process to

develop the regional roadmap mentioned in the third meeting objective, **Ms. Maisha Hutton** emphasised that the roadmap should comprise interactively-developed, action-oriented, priority tasks to support school policy implementation. She brought to participants' attention the provision of blank charts on the walls with the headings: Successes, Challenges, Lessons Learned, Opportunities, and Activities, and asked that they brainstorm over the course of the meeting to populate the charts, using post-it notes. This, she stated, would enable review of the proposed activities to ensure that they built on successes and lessons learned, took advantage of opportunities, and responded to the challenges identified.

## PRESENTATION

### **School environments across the Caribbean**

– *Dr. Suzanne Soares-Wynter, Clinical Nutritionist, Caribbean Institute for Health Research (CAIHR)* (virtual presentation)

**Dr. Suzanne Soares-Wynter** presented statistics on childhood overweight and obesity in the region, and noted that a double burden of malnutrition (under- and over-nutrition) exists, with micronutrient deficiencies even among overweight children. She stated that unhealthy diets remain the leading contributor to this situation, and that it was important to consider physical activity and healthy nutrition policies to protect children's rights and secure healthier environments. She highlighted the importance of understanding the food landscape, noting a study in Jamaica that found non-nutrient compounds listed on food labels, and children's preference for snacks, candy, and desserts, among other UPPs. She also reiterated that Caribbean nationals were among the highest proportion of consumers of sweetened drinks globally, referencing the pervasive marketing of unhealthy products through television, radio, Internet, newspapers, product packaging, and schools, and noting a

direct causal relationship between children's exposure to marketing and obesity.

She described the [JAMBAR Kids School Environment Audit Study](#)<sup>52</sup> done in Jamaica and Barbados, which aimed to assess the impact of the school environment (food, beverages, and physical activity), decision-making processes, and influencers on the nutrition of primary school children—the first phase of the study was done 2018-2019, and a second phase began in March 2022. She informed that the study noted daily intake of approximately 16 teaspoons of sugar per day by the Jamaican cohort (WHO recommendation is no more than 6 teaspoons per day); intake of fruits and vegetables below recommended levels; and the pervasiveness of SSBs with few or no nutrients in and around schools in Barbados.

Dr. Soares-Wynter reported that in addition to school canteens and tuck shops, other food and beverage sources for school children included nearby street vendors, fast-food restaurants, and bars/adult lounges; vending machines; outdoor water fountains; and fruit vendors. She stated that consideration might need to be given to monitoring the zoning and opening hours of establishments such as bars/adult lounges if they were close to schools. She further noted that food and beverage industry marketing and promotions were mainly for juice drinks, cheese snacks, patties, sandwich cookies, and other UPPs, with marketing locations that include kitchen appliances, staff apparel, posters, banners, and billboards, using techniques such as company logos, child-appealing graphics, attractive flavours and textures, promotion of "coolness and fun", and the use of cartoon characters. In summary, she stated that children were consuming excess SSBs and insufficient fruits and vegetables, and that unhealthy food options were widely available and extensively marketed across all schools. She made recommendations, including increased visibility of healthy food and beverages; enhanced educational opportunities; comprehensive school nutrition

policies; and public education around conflict of interest, recognition of marketing, and donation policies.

## CHAT/DISCUSSION

**School food policies: a child rights and equity issue** – *Ms. Nicole Foster, HCC Policy Advisor, Attorney-at-Law, Lecturer and Head, Law and Health Research Unit, UWI, Cave Hill, Barbados and Mr. Pierre Cooke, Jr., HCC Youth Technical Advisor*

The following points were made as **Ms. Nicole Foster** and **Mr. Pierre Cooke, Jr.** discussed the topic:

- It is important to ground advocacy in human rights, as the issue pertains not only to health, but also to rights. CARICOM Member Countries have committed to important international human rights treaties through their ratification of these treaties, including the Convention on the Rights of the Child, Article 24;<sup>53</sup> the [International Covenant on Economic, Social, and Cultural Rights](#);<sup>54</sup> and the [American Convention on Human Rights](#),<sup>55</sup> and have a duty to protect, respect, and fulfill their obligations.
- Human-rights approaches strengthen advocacy efforts by moving beyond a moral obligation—recognising that protecting children is “the right thing to do”—to highlight that this is also a legal obligation under human rights treaties. The incorporation of rights-based language into advocacy reminds governments of their commitments to protect children, including the right to not to be subjected to predatory marketing.
- Human rights are interconnected, so the right to health is connected to the right to education and other rights. One of the benefits of the rights-based approach is that it integrates with equity and prioritises the most vulnerable people, which include children.

- The right to health is more than health care. It includes prevention and addresses the underlying determinants of health, encompassing interventions such as FOPWL—children have a right to know what they are eating.
- It is important to have physical, social, and legal environments that make the healthy choice the easy choice, and governments need to create such environments—the legal environment is critical.
- The obligation to protect rights is important for school nutrition, since it provides a legally-binding obligation for governments to protect people against the damages being inflicted by health-harming industries. This has significance for the region, since international law is increasingly affecting domestic law, and the Caribbean Court of Justice has taken notice.

## PRESENTATION

**FOPWL: a foundational and enabling policy for comprehensive food policy packages, including school nutrition policies** – *Dr. Fabio da Silva Gomes, Advisor, Nutrition and Physical Activity, PAHO, Washington, D.C.* (virtual presentation)

**Dr. Fabio da Silva Gomes** stated that FOPWL was important in bringing coherence to, and facilitating the implementation of, food policy packages. Taking a counter-perspective to highlight the issues, he noted that if Caribbean diets and health were to be worsened, the products that would do so included UPPs that have many health-harming energy calories and additives, such as snacks, sugary drinks, ice cream, and sugary breakfast cereal, which would be a part of the daily diet of the population. He went on to identify the practices that would worsen the diet, among them promotion of the unhealthy products to ensure that the population consumed them. He noted that the aggregate amount provided by the Coca-Cola company to bottlers, re-sellers, and

*Increasing evidence suggests that high consumption of ultra-processed foods (UPF) is associated with an increase in noncommunicable diseases, overweight, and obesity. Increased UPF consumption was associated, although in a limited number of studies, with a worse cardiometabolic risk profile and a higher risk of CVD (cardiovascular disease), cerebrovascular disease, depression, and all-cause mortality.<sup>20</sup>*

other customers in 2022 was 4.8 billion United States (U.S.) dollars (US\$), principally for participation in marketing and promotions. He identified the third factor needed to worsen the diet as policies such as deregulation of marketing and corporate policies that advance initiatives to degrade the diet. He noted factors that could affect Industry profitability, including greater public concerns about obesity, SSB consumption, and UPPs, which the health-harming companies fully recognised. Thus, he concluded, it was critical for healthy nutrition interventions to address products, practices, and policies.

Dr. da Silva Gomes emphasised the importance of determining the causes of unhealthy eating—UPP characteristics included greater energy density; easy chewing, crushing, and cutting; faster intake, low satiety (late), and weak satiation (early); weak caloric compensation; and additives, all designed to enable overeating. He stated that UPPs such as non-sugar sweeteners had no nutrients, and highlighted evidence of the detrimental effect of these products, citing systematic reviews on UPPs and health outcomes.<sup>56,57</sup>

He stated categorically that these products should be regulated, through taxation to raise prices; marketing restrictions; FOPWL; and bans in settings such as schools. He recommended the octagonal 'high in' FOPWL system, which was easy to read and enabled quick decisions, and which had been proven to be the system preferred by consumers in several studies, including one in Jamaica<sup>58</sup> and another in Chile.<sup>59</sup> He indicated that decisions were needed on which products should, and should not, have FOPWL, and criteria from an NPM—such as the PAHO NPM—should be used,

especially since children and adults had different nutritional requirements. He directed participants to the 2020 [Statement by the Special Rapporteur on the right to health on the adoption of front-of-package labelling to tackle NCDs](#),<sup>60</sup> which was endorsed by the Special Rapporteur on the right to food, and the Chair and Vice-Chairs of the Octagonal Warning Label Group.

## DISCUSSION/Q&A

In open discussion, the following points/comments/suggestions were made:

- No country in the Caribbean has used the legal right to health to assist in promoting and contributing to health and healthy nutrition in schools. In Latin America, countries have used litigation to safeguard children's health, but not specifically in schools. There is low awareness of this strategy in the region, and the Caribbean does not have a 'litigation culture'. Countries that have used the legal strategy invoke the principle of interdependency of rights, which applies even if the specific right is not in their constitution. In the Caribbean, there has been conversation about the right to life, and of health as a subset of the right to life.
- The Caribbean has led in many areas in the NCD agenda, and this is another area that the region can seek to lead in. Litigation would have to be individual, with identification of someone who has been harmed—a parent could bring a case on behalf of a child.
- Caribbean people do not feel empowered to litigate, even if they are aware of the



right, and there should be scope for academia or other groups to educate people on their rights, as often the public is more interested in supporting the commercial sector that provides products to assist children at school. However, academia may not be the appropriate sector to spearhead human rights education, as academic pronouncements are often not understood by the general public.

- The 5 billion US\$ spent by Coca-Cola on promotion stimulates a demand and aims to make a profit—there should be calculation of how many people have died because of this spending, so that a connection can be made between deaths and profit.
- In rural communities, there is heavy dependence on ‘cook shops’—children often stop in these shops to purchase meals low in nutrients. The economic factor also plays a role, as bars and lounges earn income from the items that children purchase—these locations should be included in the discussion.
- Fast foods and the typical ‘box lunch’ are energy-dense and nutrient-poor, and it must be remembered that the bars/lounges also sell alcohol and tobacco.

They may not sell these products to children because of regulations, but the environment is such that the food and beverage industry has had wide rein to do as it wishes, and although trying to get regulations in place is like trying to rein in a giant, there must be a start.

- Health policies and regulations are being thwarted by the business culture and power, and there should be careful analysis of why governments resist good policies—it is not because of malevolence, so there must be another reason. Politicians depend on business for financing, and on people for votes; taking legal action against government at international level through human rights litigation might not be appropriate.
- The Barbados Association of Retailers, Vendors and Entrepreneurs (BARVEN) has been proactive, having had a document since 2005 that speaks to the health of the school environment. The vendors have a right to sell and must be included in relevant discussions and interventions, with a view to finding mutual benefit. There must be communication, transparency, and a comprehensive policy to bring in all stakeholders, without an adversarial approach to government.



*We all come from the same village, despite some of us having more educational opportunities. Communication and discussion are important - if we exclude BARVEN's perspective, we will not be successful.*

*Mr. Alister Alexander  
President*

*Barbados Association of Retailers, Vendors and Entrepreneurs*

## SESSION 2: HEALTHY SCHOOL FOOD POLICIES – EXPERIENCES FROM ACROSS THE REGION

*Moderator: Ms. Charity Dublin, Vice-President, Antigua and Barbuda Diabetes Association (ABDA), Nutritionist, Antigua and Barbuda Ministry of Health and the Environment, and Member, Healthy Caribbean Youth*

### PRESENTATIONS

**The leader of the pack: 2006 Bermuda Healthy Schools Vending Machine and Cafeteria Policy** – *Ms. Marie Beach, Healthy Schools Coordinator, Department of Health, Bermuda*

**Ms. Marie Beach** summarised policies in Bermuda to improve school nutrition over the years, including the School Nutrition Policy (1996, aligned with the [Bermuda Dietary Guidelines](#))<sup>61</sup> and the Vending Machine and Cafeteria Policy (2006), demonstrating Bermuda's early and longstanding efforts in this sphere. She noted that though the Departments of Education and Health have co-ownership of these policies, commitment to their implementation may vary over time, and much of her work since 2004 has been to foster continuity across leadership changes, putting children's health at the centre.

She stated that in 2004, the Healthy Schools Programme (or Comprehensive School Health Programme) adopted the U.S. Centers for Disease Prevention and Control (CDC) eight components of health, which included Nutrition Services. In 2015, the Healthy Schools Programme adopted the CDC's Whole School, Whole Community, and Whole Child socio-ecological model, comprised of ten components of health that included both Nutrition Services and Nutrition Environment, as well as components addressing socio-emotional health and the physical environment.

Ms. Beach noted that the interventions addressed beverages and meals available in schools, engaging stakeholders and partnering with school nurses, education officers, principals, teachers, and parents, as well as companies that owned vending machines in schools, including signing contracts with these companies to ensure that only specified beverages were allowed. She indicated that plain, unsweetened water and/or 10-oz. bottles of 100% juice were the only vendable beverages permitted, and that, though not mandated to do so, some private schools participated in the interventions, which also saw the installation of filtered water fountains and bottle fillers at all school levels, in order to make water the easiest beverage choice.

She stated that there was no direct food or beverage marketing in schools; that the Healthy Schools and Nutrition Services evaluated new bottled/packaged beverages/food intended for school sales and provided justification for approval or non-approval of the product; that biannual beverage vending machine audits were conducted; and that school meals were consistent with the national "[Eat Well Plate](#)".<sup>62</sup> However, Ms. Beach noted challenges to implementation, including provision or donation of unhealthy products in the school setting, despite contractual arrangements and agreements that banned such action. She also identified the type of support needed to strengthen policy implementation, including its mandated application to all schools, both public and private, and integration of the Healthy Schools Programme and the School Nutrition Policy into the agendas of community health partners and food outlets.

**Experiences of removing SSBs from schools in Trinidad and Tobago** – *Ms. Michelle Ash, Chief Nutritionist and Head of Department, Nutrition and Metabolism Division, Ministry of Health Special Services and Programmes, Trinidad and Tobago* (virtual presentation)

**Ms. Michelle Ash** noted that studies in 2010, 2011, and 2017 showed obesity rates of 15.5%-15.7% among secondary school children in Trinidad and Tobago, with significant consumption of UPPs; in 2010, SSB consumption among this group accounted for up to 16% of their total daily energy intake, while fruit and vegetable consumption made up just 4% and 0.4%, respectively. She indicated that the National Policy to Prohibit the Sale or Serving of SSBs in Schools was launched in April 2017 and fully implemented by September 2017, identifying beverages that were not allowed—SSBs and drinks with artificial sweeteners—while allowing water, 100% fruit juices, blended fruit or vegetable juices, and low-fat, milk-based drinks with zero added sugars. She stated that schools' compliance with the policy up to 2019 was reported to be 99% for primary schools and 97% for secondary schools.

She identified facilitating factors for policy development and implementation, such as support from international/regional/national partners; stakeholder consultations with the food industry prior to policy development and rollout; a 'soft' policy launch in April 2017, which gave stakeholders time to adopt, and adapt to, the policy; and mass education and sensitisation sessions with principals, teachers, parents, and cafeteria operators. She also identified barriers, which included push-back from the sugary drinks industry; resistance of private/independent cafeteria operators who were concerned about potential loss of sales; limited monitoring/verification capacity in the Ministry of Health, such that current tracking comprised self-reporting by the schools; and technical loopholes in the policy, such as the omission of 'natural zero calorie' sweeteners. She noted that there was now a beverage alliance in Trinidad and Tobago, which had seemingly prompted a reduction in the sugar content of a well-known soft drink brand.

Ms. Ash stated that several 'next steps' were planned, including reduction of sugar content

of products by the beverage industry and provision of healthy menu options by fast-food restaurants. She noted that Ministry of Health negotiations with beverage manufacturers since 2018 had resulted in the launch of a 'Balanced Calorie Initiative' in June 2023, with the slogan "Balance what you eat, drink, and do". However, it was noted that the campaign, while appearing well-intentioned, emphasised individual responsibility, rather than the creation of a supportive policy environment. She also noted that [National Nutrition Guidelines for Food Offered to Children in Schools, 2023-2028](#)<sup>63</sup> had been drafted, in collaboration with the Ministry of Education and the UN Food and Agriculture Organization (FAO), and incorporated culturally-appropriate foods.

**From the Interim Beverage Guidelines to the National School Nutrition Policy: lessons from Jamaica** – *Ms. Deonne Caines, Programme Development Officer, Nutrition Unit, Ministry of Health and Wellness, Jamaica*

**Ms. Deonne Caines** described the process leading to the drafting of a NSNP in Jamaica, including the development of Interim Beverage Guidelines, which were implemented in January 2019 after a joint submission to Cabinet. She noted that the MoHW led the consultations, while the Ministry of Education and Youth (MoEY) coordinated sensitisation sessions for various stakeholders, and that there were discussions and negotiations with the private sector. She highlighted the roles and responsibilities of various stakeholders in the current implementation phase, noting that the MoHW conducted more objective monitoring and evaluation (M&E) than the MoEY, so often results were different regarding school compliance with the guidelines.

She advised that the maximum limits for SSBs were reduced in a stepwise manner, and highlighted the objectives of the intervention, the monitoring indicators, and a list of prohibited and permitted beverages. However, she said, artificial sweeteners had been



HEALTHY CARIBBEAN COALITION

CIVIL SOCIETY ACTION PLAN 2017-2021

# PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society's contribution to national and regional action for healthier, happier children



## BAN THE SALE AND MARKETING OF SWEET BEVERAGES IN AND AROUND SCHOOLS

HEALTHY NUTRITION FOR COMMUNITIES SCHOOLS

CHILDREN

1

2

3

66%

COURTYARD BY MARRIOTT

Bridgetown Barbados



*Barbados School Nutrition Policy - Overall Goal: To create healthy school environments that enhance student learning and are conducive to the development of healthy lifelong eating and activity behaviours through a multisectoral approach.*

omitted, based on evidence available at that time, which had since been updated by WHO to advise against their consumption. Ms. Caines identified lessons learned during the process as: having a strong evidence base, so that the position taken can be defended; valuing all stakeholders; considering best practices and experiences in other countries; leveraging partnerships to help disseminate accurate information, exemplified by the MoHW's partnership with the Heart Foundation of Jamaica (HFJ), which had been an integral, highly visible part of the process; and keeping a record of all discussions and stakeholders.

She noted that work was now being done on the NSNP, based on national food-based dietary guidelines, and that there had been a revision in the Interim Beverage Guidelines to prohibit artificial sweeteners. She advised that a [Green Paper on the NSNP](#)<sup>64</sup> had been approved in early 2022; consultations held July-October 2022; updates incorporated, and the NSNP was currently being finalised for submission to Cabinet. She highlighted possible challenges to implementation, including limited human resources in the MoHW, concessionaire contracts, the need for capacity building, resistance from the food industry, and mechanisms to improve the supply of fresh produce to all schools. Regarding the type of support needed to maintain and strengthen the policy, Ms. Caines identified, at *national* level, stakeholder agitation, a whole-of-government approach, and enforcement of other food policies, and at *regional* level, positive peer pressure and knowledge sharing.

**Early experiences in implementing the Barbados School Nutrition Policy: banning SSBs in schools** – Ms. Hedda Phillips-Boyce, Education Officer, MoETVT, Barbados

Ms. Hedda Phillips-Boyce stated that the MoHW in Barbados had commissioned PAHO to spearhead a consultative process for the development of the Barbados School Nutrition Policy, and that consultations were held during 2020—mostly online—with key stakeholders, including civil society. She noted that civil society could help to “break down the concrete walls that often face governments” and had been the drivers in this particular initiative. She advised that the BSNP was approved by Cabinet on 31 May 2022, was launched 16 February 2023, and had been bolstered by an increase in the Barbados SSB tax on 1 April 2023 from 10% to 20%.

Ms. Phillips-Boyce noted the foods allowed in schools, and, importantly, the creation of an [Alternative Snacks and Beverages List](#)<sup>65</sup> (ASBL) for concessionaires, teachers, and other key stakeholders to use as a guide. However, she stated, reading the labels on the alternative snacks and beverages had become onerous, making the implementation of policies for FOPWL even more important. She summarised the food service environment in Barbados, noting that all food providers were expected to comply with the BSNP; fundraising activities using food must also comply; and restricted food items were to be noted. However, she said, itinerant vendors were not governed by the BSNP, and there were no restricted zones in Barbados. She noted that though canteen concessionaires were very interested in making the change, itinerant vendors may sell restricted foods that students may take into the schools, and there was no clause in the BSNP allowing those items to be taken away from the students.

She noted strategies for implementation in the 2022/23 school term: remove beverages with added sugar and artificial sweeteners, and

encourage water as the beverage of choice; sell meals with healthy alternatives twice a week—suggested days were Tuesdays and Thursdays ('the T days'); serve vegetables with all meals; serve healthy snacks, as recommended by the National Nutrition Centre and the HSFB; and continue 'Water Wednesdays' and 'Fruit Fridays'. She also noted strategies to be implemented in term 3, 2023: allow students to drink water throughout the day, using water bottles; integrate healthy lifestyle components into subjects; conduct meetings with parents, encouraging them to support the changes; encourage canteen concessionaires, vendors, and tuck shop operators to participate in workshops; and ensure that primary and secondary school personnel who include food in their fundraising efforts sell healthier options.

Ms. Phillips-Boyce emphasised that conflict of interest had to be addressed—and educational institutions and CSOs could play a role in these efforts—including through education, student and parent sensitisation, offering suggestions to stakeholders, and modelling behaviour by adults. She identified challenges, including vendor non-compliance; insufficient creativity on the part of some canteen concessionaires; low parent participation in meetings and parent non-compliance; limited human resources; the need for teacher training; and insufficient numbers of healthier options. Ms. Phillips-Boyce also identified successes such as including greater understanding of the need for the changes; stakeholder participation in sensitisation interventions; training conducted by the National Nutrition Centre; and formation of a Canteen Concessionaire Association and a BSNP Implementation Committee.

Regarding lessons learned, she indicated the importance of sensitising manufacturers, marketers, and distributors about the policy; identifying brand names of items when recommending alternative snack and beverage items; sharing ideas; and monitoring of the process, while the type of support needed included, at *national* level, strong

political leadership and buy-in, a multisectoral approach, effective planning, consideration of the local and agricultural context in implementing the School Meals Programme, and removing taxes from healthier alternatives; at *regional* level, interregional trade of livestock and other agricultural products, and sharing of best practices; and at *global* level, financial support to maintain the policy, sharing of best practices, guidance from international agencies, and FOPWL.

## PANEL DISCUSSION/Q&A

*Ms. Lisa Hunt, Chief Nutritionist, Ministry of Health, St. Lucia; Ms. Alicia Ferdinand, Community Dietitian, Ministry of Health, St. Vincent and the Grenadines; Ms. Lydia Browne, Executive Secretary, Grenada Food and Nutrition Council; and previous presenters in this session.*

In response to specific questions posed by the moderator, panellists noted the following:

**Ms. Lisa Hunt:** St. Lucia approved an SSB ban in 2020, but further action was halted because of COVID-19. The country has been having stakeholder consultations since January 2023, involving principals, manufacturers, doctors, nurses, and faith-based organisations, and has established a training-of-trainers group to educate various stakeholders on how to read labels correctly, and to hold educational sessions for children. Sensitisation campaigns are planned for July 2023, with the aim of implementing the SSB ban in 2024. Vendors are likely to pose the biggest challenge, and there must be outreach to them as a group.

**Ms. Alicia Ferdinand:** There is a draft school nutrition policy in St. Vincent and the Grenadines. However, the information needs updating, and the previous Chief Nutritionist and other key stakeholders have retired, so the process has to be re-started. An audit of child health records noted an increase in overweight among children aged 0-59 months, and there

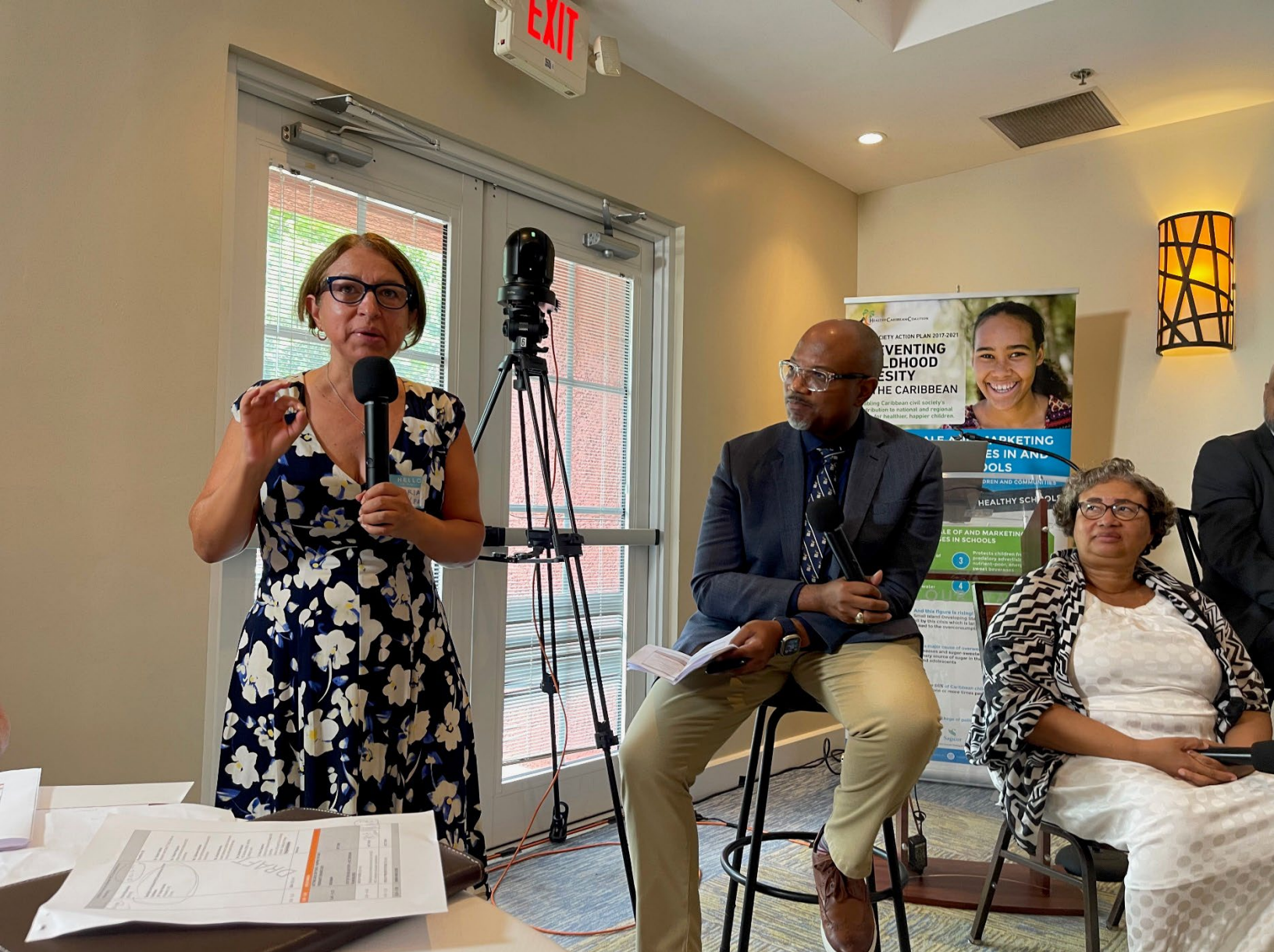
is need for data on children in other age groups—a new [Global School-based Student Health Survey](#)<sup>66</sup> should be done. The country is working to build on ongoing interventions such as the School Feeding Programme, with help from FAO in training the cooks, some of whom may not have high literacy levels. Much sensitisation remains to be done, and there are many lessons to learn from other countries that can be applied in St. Vincent and the Grenadines.

Ms. Lydia Browne: Grenada has a 2016 School Nutrition Policy and has done much work since then, including sensitisation of principals, parent-teachers associations (PTAs), and school assemblies. There was a Healthy School Zone Initiative in 2019, supported by PAHO, and last year UNICEF supported a day camp that included all school districts, with some children being designated as healthy lifestyle ambassadors. In November 2019, SSBs were banned in schools, but COVID struck in early 2020, and then general elections were held in 2022, which further negatively impacted implementation. The ban must now be implemented and monitored to complement the addition of a 5% tax on SSBs in March 2023, resulting in a current tax of 20%. The [Grenada Food and Nutrition Council](#)<sup>67</sup> falls under the Ministry of Agriculture, not the Ministry of Health or the Ministry of Education, and with its small staff, the Council must have the ministries' support to maintain relevant programmes. There is much work to be done, and many lessons to be learned from countries' presentations at this meeting.

In the subsequent **question and answer session**, the following points/ comments/ suggestions were made regarding key lessons learned and opportunities:

- Collaboration and engaging everyone in the process is very helpful, and longstanding policies, such as those in Bermuda, may benefit from refreshing the stakeholder engagement plan.

- In donating food supplies and providing information, authorities should ensure that commonly-used brand names are cited.
- Stakeholder engagement allows significant sharing of information and new ideas, and should include civil society, embracing the school community, with the use of appropriate methods to communicate with students.
- There should be penalties for providing commodities outside of approved lists of healthy products/alternatives—such measures would provide incentives for manufacturers and vendors to have their products included on the list.
- Stakeholder involvement proved very useful in initiating, and then updating, school nutrition guidelines, and the PAHO NPM can be used as the main guide, with cultural sensitivity being demonstrated by allowing culture-based exceptions on relevant holidays.
- Learning from each other and adopting or adapting materials from other countries is not plagiarism—these materials should be seen as regional public goods.
- Bermuda has implemented many health promotion campaigns, has targeted adults working with children—teachers and parents—and has mounted in-school activities, such as 'Burn Fat, Not Fuel Day' to promote physical activity. There is also the [Premier's Council on Fitness and Nutrition](#),<sup>68</sup> which encourages children to act as role models and promote physical activity, complemented by a school lunch competition, promotion of school gardens, and work done with pre-schools, focusing on early interventions.
- The Trinidad and Tobago Beverage Partnership continues to implement the 'Balanced Calorie Initiative' that was launched in early June 2023,<sup>69</sup> offering water and smaller-sized, reduced-sugar, low-calorie product options. A similar 'Balance' initiative was implemented by the private sector in Barbados—'Balance What You Eat, Drink and Do'.<sup>70</sup>



### SESSION 3: THE ROLE OF CIVIL SOCIETY IN SUPPORTING HEALTHY SCHOOL FOOD POLICIES

*Moderator: Dr. Gloria Giraldo, Advisor, NCDs and Mental Health, PAHO/WHO, Barbados*

#### PRESENTATIONS

**The Heart Foundation of Jamaica** – *Ms. Barbara McGaw, Project Manager, Global Health Advocacy Project, Heart Foundation of Jamaica and Ms. Rosanna Pike, Health Education Officer, Global Health Advocacy Project, Heart Foundation of Jamaica*

Ms. Barbara McGaw and Ms. Rosanna Pike noted that, with support from the [Global Health Advocacy Project](#),<sup>71</sup> funded by the Bloomberg Foundation, the Heart Foundation of Jamaica (HFJ) provided support to the MoHW and the MoEY to develop Interim Beverage Guidelines (IBGs) related to the phased introduction of a ban on SSBs in schools in Jamaica. They stated that HFJ also conducted beverage reformulation workshops for manufacturers in 2021, contributed to the publication of approved beverages in 2022, and supported the MoHW in vendor sensitisation interventions.

Further, they said, HFJ helped to review the draft NSNP, worked with the MoEY to facilitate online comments from the public on the Green





*If we want to win this battle, as we have done with other diseases in our history, then the time for collective action is now.*

*The Rt. Hon. Mia Amor Mottley  
Prime Minister of Barbados*

Paper associated with the Policy, collaborated with non-governmental organisation (NGO) partners to review and collate feedback and suggestions on the published Green Paper; HFJ also provided technical support for consultations with school administrators, students, parents, and manufacturers, and contributed to mass media campaigns, and media and social media activities, to sensitise the public and schools. They stated that HFJ was currently collaborating with the Early Childhood Commission, an MoEY agency, to plan the Model Schools Initiative, inspired by the [Barbados Model Schools](#)<sup>72</sup> programme, to generate buy-in for the implementation of the NSNP.

Ms. McGaw and Ms. Pike commented that there was no significant conflict of interest or Industry interference related to the NSNP, but there were Industry comments regarding the IBGs for SSBs. They emphasised the importance of youth engagement, which was accomplished through collaboration with the Jamaica Youth Advocacy Network (JYAN), UNICEF, and HCC/HCY. They identified successes, including co-branding, SSB restrictions in schools, HFJ's role as a trusted resource, and its contribution to the NSNP, while challenges included a lag in the process

to finalise the NSNP, lack of awareness of the contents of the updated/amended paper submitted to the Cabinet regarding the SSB ban in schools, and an announcement from the Minister of Finance of a moratorium on new taxes for eight years, dashing hopes of early implementation of an SSB tax.

They highlighted lessons learned, including the crucial importance of multisector engagement; the key role of HFJ's technical support in establishing good relationships with the MoHW and MoEY; the importance of early interaction with key stakeholders and proactive interventions to obtain feedback on the Green Paper; and the value of excellent partnerships and working relationships with health researchers and key opinion leaders in increasing support for the HFJ. Finally, they mentioned that the type of support needed to maintain and strengthen the NSNP included support from the school community, the local population, and regional authorities; effective communication campaigns on policy expectations; less interference in local and regional decision-making processes; more Caribbean research; and greater cognisance of best practices from other Caribbean countries.

**Hand-in-hand: from vendors to alternative foods to apps – an experience from the Barbados Childhood Prevention Coalition in support of the Barbados School Nutrition Policy** – Ms. Francine Charles, Programme Manager, Childhood Obesity Prevention Programme, HFSB

Ms. Francine Charles indicated that she was speaking on behalf of the 31 members of the Barbados Childhood Obesity Prevention Coalition (BCOPC), including a core of youth advocates. She described the “[Out of Our Schools](#)”<sup>73</sup> campaign launched in October 2022 to promote the implementation of the BSNP that was approved in May 2022, noting that the campaign’s primary target audience was policymakers and the parents of school-aged children, with a secondary target audience of adults 18-65 years old.

Ms. Charles indicated that the campaign included social media, web, print media, and special focus advertorials, and she presented statistics for the reach on Facebook and Instagram of both the original 2022 campaign and a 2023 re-run. She noted that the BSNP includes a ban on SSBs in schools, and that BCOPC, which includes HFSB, was committed to assisting the MoHW and the MoETVT in the implementation of the policy. She also highlighted BCOPC’s participation in discussions of the BSNP on radio, and its significant contribution to innovations to support the process, including development of the ASBL, which was reviewed and approved by the National Nutrition Centre as a guide to healthier choices, and development of a school M&E application (app) that assessed the type of event, food and drinks on sale, vending machine products, and physical activity in schools, to be implemented by the Barbados MoETVT.

She highlighted the importance of media engagement and student sensitisation, and stated that HFSB and BCOPC had responsibility for this latter task in all secondary schools, adding that the CSOs had also implemented

stakeholder sensitisation interventions, with training of school meals servers, sessions and support for canteen concessionaires, and PTA-coordinated outreach to parents.

**Building public support: Act on Facts – the Food in Our Schools Matters regional campaign** – Ms. Sheena Warner-Edwards, Communications Officer, HCC

Ms. Sheena Warner-Edwards noted the importance of collaboration, engagement of youth, and strategic partnerships in building public support, and described the “[Act on Facts – The Food in Our Schools Matters](#)”<sup>74</sup> six-week, digital, regional, multimedia communications campaign, which aimed to galvanise support for healthy nutrition policies and enable healthier school environments. She stated that the campaign was funded by GHAI and [Vital Strategies](#),<sup>75</sup> with a primary audience of policymakers and a secondary audience of parents, school administrators, and teachers, and mentioned that though the campaign did not include traditional radio and television PSAs, partnerships with CSOs allowed for



## SALE AND MARKETING OF SUGAR BEVERAGES IN AND OUT OF SCHOOLS

WE CAN SAVE LIVES = HEALTHY CHILDREN AND COMMUNITIES

### RIGHT TO HEALTHY SCHOOLS

- #### THE SALE OF AND MARKETING OF SUGAR BEVERAGES IN SCHOOLS
- 1. Reduction of... (partially obscured)
  - 2. (partially obscured)
  - 3. Protects children from predatory advertising of nutrient-poor, energy-dense sweet beverages
  - 4. Contributes to improved learning

**This figure is rising!**  
All Island Developing States (IDS) are particularly hard hit by this crisis which is largely fueled by unhealthy diets and the overconsumption of ultra-processed foods

Sugar is a major cause of overweight, obesity, diabetes and sugar-sweetened beverages are the primary source of sugar in the diets of children and adolescents



On average 66% of Caribbean children 13-15 drank carbonated soft drinks one or more times per day during the past 30 days

Recommend a package of policies to tackle childhood obesity



these elements to be included as the media reached out to the CSOs, and tagging decision-makers allowed the messages to be boosted. She advised that, in another strategy to widen message dissemination and build CSO capacity, four CSOs—Cancer Society of The Bahamas/Healthy Lifestyle Bahamas, Trinidad and Tobago NCD Alliance, Saint Lucia Cancer Society, and ABDA—were provided with a graphic designer and social media coordinator to develop their own materials, in addition to reposting the original HCC content.

She noted that this campaign built on the “[Too Much Junk](#)”<sup>76</sup> campaign, which the HCC launched in 2018 as part of its focus on COP, and mentioned follow-up regional campaigns, including “[Now More Than Ever: Better Labels, Better Choices, Better Health](#)”,<sup>77</sup> promoting FOPWL; “[Now More Than Ever, We Need to Protect Our Children](#)”,<sup>78</sup> promoting healthy environments to protect children's health; and, most recently, “[Make It Make Sense](#)”,<sup>79</sup> which addressed conflict of interest and Industry interference pertaining to healthy food policy. Importantly, she also noted that “Too Much Junk”, “Now More Than Ever: Better Labels, Better Choices, Better Health”, and “Make It Make Sense” had been re-run on social media pages, with good responses, and **emphasised the value of re-running successful campaigns**.

Ms. Warner-Edwards identified the necessary components of a comprehensive campaign package—social media, radio, television, webinars, graphic cards, and calls to action, among other interventions, and noted the importance of monitoring the reach of the messages and associated trends, including through social media statistics, feedback on social media platforms, and meetings with the media and other key stakeholders.

**The power of youth voices: Jamaica Youth Advocacy Network** – *Shannique Bowden, Executive Director, JYAN*

**Shannique Bowden** gave a brief background to JYAN, a youth-led advocacy organisation established in 2006 that addressed issues affecting Jamaican adolescents and youth. She noted that JYAN's involvement in nutrition began in 2021 based on youth involvement in the development of the Jamaica NSNP, and advocacy initiatives have included youth fora, health chats, youth-focused capacity and skills building, development of a position paper, social media use, the use of [U-Report](#)<sup>80</sup> polls to gauge young persons' perceptions of issues surrounding the NSNP, and the Health and Nutrition Advocacy Movement (HNYAM) project.

She stated that JYAN has partnered with other entities in administering the U-Report polls, the results of which show strong youth support for healthy food policies; the position paper addressed the need for the NSNP and included recommendations from youth for inclusion in the Policy; youth capacity and skills have been built in digital media advocacy, developing key messages, and drafting press releases; and the health chats involved JYAN members visiting schools to talk about the policy in a fun and engaging way. She noted that JYAN had convened two Healthy Youth Fora—one in 2022 and the second in March 2023—and reported that the latter, implemented in partnership with UNICEF, explored the relationships between nutrition and mental health, and between nutrition and academic performance, as well as the issue of marketing within the school environment. She advised that a key output of the 2023 forum was the development of a Call-to-Action outlining 13 recommendations by youth to address unhealthy eating in their schools, mental health, and academic performance.

## DISCUSSION AND Q&A

In the subsequent discussion and question and answer session, the following points /comments/ suggestions arose:

- Boosting organic posts on social media requires financial resources. Without payment, the posts do not go very far, especially given the various algorithms on different platforms that control the destination and viewership of the content; in some cases, the posts may go to spam.
- Monitoring and evaluation were mentioned in the presentations, but is there examination beyond the social media analytics regarding views, clicks, and likes, to determine, for example, if the messages are resulting in behaviour change?
  - There have been some campaign evaluations, and in 2018, HSFBC commissioned Caribbean Development Research Services Inc. (CADRES) to conduct a survey in Barbados regarding public support for certain healthy food policies. The results showed majority support for FOPWL and related issues, though there was low support for marketing restrictions that would ban scholarships and provision of school supplies for children. A recent evaluation showed that people can recall the campaign and are still supportive of FOPWL—the evaluation results are pending publication.
- Research on HFJ's "Are You Drinking Yourself Sick" campaign, conducted in collaboration with the MoHW in Jamaica, was published,<sup>81</sup> and evaluations have shown the importance of engaging with children themselves.
- There may be need to evaluate the content of the messages and the methods used to post them, to facilitate their wide dissemination on social media.
- Is the school SSB ban in Barbados legislated? And are sugary snacks included in the school restrictions?
  - The decision regarding SSBs in Barbados was Cabinet-approved, which is valid for a policy process. It remains to be seen if legislation will be needed to strengthen the implementation of the policy. The Government of Barbados has addressed snacks in the ASBL for this interim period, but has not yet mandated that sugary snacks be removed from schools, since a phased approach is being taken. Using the PAHO NPM, many products would be considered unhealthy.
- What methodology is used for the JYAN fora? Are they recorded?
  - The health chats are done in collaboration with the MoEY, so schools are either approached directly, or the event is coordinated through the National Secondary School Student Council. JYAN works in areas other than health and nutrition, and this topic is the least controversial that it addresses, since everyone can agree on this specific goal. JYAN interacts with government differently for this topic than in advocacy for banning corporal punishment in schools, for example. There are times that CSOs need the government's support, and vice versa, especially youth support.
- In engaging with governments, it should be remembered that they are willing to consider policy development, but need pertinent information, and HCC has sought to provide such information. CSOs must be purveyors of evidence-based information, and it is important to include references. Also, it is sometimes easier for civil society to say certain things and reach out to others to disseminate certain messages than it is for governments.
- Health advocates should try and meet the policymakers where they are, for example, on specific social media platforms; through writing articles in newspapers and letters to the Editor; and using certain publishing houses. It is important to know, and access, the spaces in which policymakers are active.
- Are actionable items usually a component of M&E?
  - HCC has asked persons to sign and send letters, for example to national bureaux

- of standards re FOPWL, and has monitored the responses.
- JYAN set itself an ambitious task of getting 10,000 signatures for a petition for the NSNP, but Jamaica is not a “signing” country. One has to persuade people to sign, and to state what people gain by signing. However, such petitions raise awareness, even if people do not sign them.
  - Lake Health and Wellbeing (LH&W), a CSO in St. Kitts and Nevis, has been encouraging the Ministry of Health to revitalise the National NCD Commission (NNCDC) in that country, and is currently exploring strategies to achieve this. Simultaneously, LH&W has been working on the formation of a national St. Kitts and Nevis NCD Alliance, which would be the second such alliance in the region, the first being the Trinidad and Tobago NCD Alliance. A challenge has been CSO engagement, as many NGOs do not function full-time due to insufficient resources and volunteer personnel, the latter having competing commitments such as full-time jobs.
  - There is a core of active CSOs in the BCOPC among the 31 members, but all wish to remain a part of the Coalition. Some only sign their names on the petitions and calls to action, but this support is important to attract the government’s attention, and there are activities that even the less active members can participate in, such as health fairs or mounting individual events to promote the Coalition’s priorities.
  - There is also benefit in partnering with communications training institutions. HFJ convened a digital advocacy workshop for CSOs in collaboration with the Caribbean Institute of Media and Communication (CARIMAC), UWI, which provided its interns to CSOs for a mutually beneficial experience.
  - JYAN engages its members to build their capacity and upskill them for advocacy, ensuring mutual benefit for the members and the network, which can be documented in a memorandum of understanding.
  - Have faith-based organisations been involved in the efforts in Barbados?
    - This has been a struggle, as the leaders are willing, but find it difficult to engage their congregations.



*There is need to continue to provide opportunities for capacity building to enable CSOs to engage effectively with Governments.*

*Ms. Maisha Hutton  
Executive Director  
HCC*

## PRESENTATION

### **Commercial determinants of health, conflict of interest, and policy interference in school settings** – *Ms. Maisha Hutton, Executive Director, HCC*

Ms. Maisha Hutton offered two definitions of the commercial determinants of health: “the private sector activities that affect people’s health positively or negatively” (WHO)<sup>2</sup> and “the systems, practices, and pathways through which commercial actors drive health and equity” (Lancet CDoH Series).<sup>3</sup> She noted that just four industry sectors (tobacco, UPPs, fossil fuels, and alcohol) account for at least a third of global deaths,<sup>3</sup> and that the industries have tremendous economic value. She stated that there had to be regulation of the industries to reduce exposure to, and consumption of, their products, but the resulting decrease in their profits had led to resistance and controversy around such measures.

She defined conflict of interest as “a situation in which the concerns or aims of two different parties are incompatible, resulting in competing priorities and interests, with undue influence that interferes with performance, the decision-making process, or outcomes, putting objectivity and fairness at risk, often for organizational/institutional or personal gain at the expense of public health policy.” She also defined Industry interference in public health as “when commercial actors (or members of the unhealthy commodities industries) attempt to negatively influence—delay, dilute, or derail—the development or implementation of

regulations which will negatively impact their profits, that is, sale of their products and services.”

She emphasised the importance of addressing conflict of interest and Industry interference, noting that Industry tactics included lobbying, political relationships on Boards, corporate social responsibility, creating financial dependence, funding junk science, pressuring the media, deflecting with self-regulation, creating false front groups, and marketing.

Ms. Hutton noted some of the private sector activities that affect the health of children in school settings, including funding sporting activities, scholarships, and graduations; providing educational materials; distributing branded gifts at schools, such as samples and vouchers; and conducting student visits to product factories. She also identified some of the systems, practices, and pathways through which commercial actors drive health and equity in school settings and some of the system realities that create vulnerabilities to policy interference in school settings. These included food inequities, corruption, under-resourcing of schools, contracts with providers, favours and favourable placements by politicians, personal relationships, and culture, the last-mentioned including resistance from the community to make the link between sports funding and the children’s health. She emphasised that “what we teach our children about food matters—nothing at school should ever encourage unhealthy choices.”

*Efforts to prevent non-communicable diseases go against the business interests of powerful economic operators. In my view, this is one of the biggest challenges facing health promotion. It is not just Big Tobacco anymore. Public health must also contend with Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics.*

*Dr. Margaret Chan, Former Director-General, WHO*

## SESSION 4: CHALLENGES IN REMOVING ULTRA-PROCESSED PRODUCTS FROM SCHOOL SETTINGS

*Moderator: Sir Trevor Hassell, President, HCC*

### MODERATED OPEN DISCUSSION

In this discussion, which explored key challenges in driving school food policies and strategies to overcome them, the following points/comments/suggestions were made:

- Previous sessions have provided evidence for insistence that NSNPs be developed and closely adhered to, as an important strategy to remove UPPs from schools. A challenge is working with the vendors and concessionaires, but it must be done.
- Vendors should be able to make a profit, even as healthy food is made available in schools. Communication with them is critical, as are collaboration and monitoring—the policies will fail if the vendors are not able to make a living from selling healthier products.
- There has not been mention of the manufacturing industry's perspective. Manufacturers need to be included, as they can enable vendors to procure and offer healthier choices. Vendors may also play a surrogate parental role in the schools, and they and their associations need greater engagement and communication during the implementation of the NSNP, including

through advocacy and mass media strategies. In Barbados, the management of vendors' associations is involved and engaged, but the membership is less so, and a similar situation exists with the Parents' Forum—outreach strategies have to be put in place, to meet people where they are.

- Barbados is an "import society", and the vendors need to be able to procure the healthier snacks that they are being asked to sell. The government has to analyse the goods being imported, and also analyse the basket of goods being offered for low-income families—there should be variety in the goods included.
- It is comforting for students to see the passion that older people have for this topic. Offering healthier options is good—a step in the right direction—and continued youth engagement and involvement are essential.
- There could be greater focus on the cultural aspect of the food environment, integrating healthy options into cultural foods.
- There is need for more sectoral and civil society participation, as often "only Health knows what Health is doing", and there is a perception that health interventions are "boring". Involving others, such as youth and vendors, makes the issue more interesting.
- There is a cultural nuance in engaging with policymakers—advocates need to produce evidence-based information to drive their presentations, making the information crisp and short.
- Politicians are often not well-informed about health issues and interventions, and



if they do not—as successful leaders should—surround themselves with relevant expertise, health advocates should be strategic in providing the needed information, including through ‘one-pagers’ and other brief communication products, and in pushing the health-in-all-policies approach.

- CARPHA has a role to play in the creation of healthy food environments for children, since it has the ears of regional policymakers and others who can influence national level interventions. It is critical to tell the stories and get points across to policymakers in ways that they can understand. Sharing countries’ stories and showing people making interventions “on the ground” can be effective, and through its technical cooperation programmes, PAHO can highlight countries’ actions, both within and outside the Caribbean region.
- Obtaining subnational data and monitoring trends in those local data are also important, for example determining how many children are obese in various localities, and monitoring the effect of interventions on those numbers. In Jamaica, data are already available by parish, and the respective parliamentarians and representatives can be engaged to support and contribute to interventions.
- In one Caribbean country that does not have a school health policy, a Cabinet member is one of the principals in a fast-food company. This type of situation throws doubt on whether a health policy can be approved in such a setting, and highlights the importance of the political dimension, especially regarding conflict of interest. There is scope to build influence and agitate in the public arena to make the school food environment into a political issue, bearing in mind that the public comprises voters.
- Health advocates need to let politicians know that they are aware of, and monitoring, the holdings of the politicians in these health-harming industries; encourage them to “take stock and draw

lines”; and observe the steps and measures being taken to address such conflict of interest. However, there is need to be careful in how the vested interests of policymakers are “called out”—it can be done, but the use of appropriate strategies and mechanisms is important.

- There is concern that youth are not being fully engaged and empowered to lead, and are being treated as recipients of information, rather than as powerful advocates.
- It is difficult to resist a health-harming industry that invades the health space to provide, for example, calorie counters and scholarships to students, and though the informed students and schools realise that these funders are often going against health principles, the situation is such that they need to accept the resources, even as they promote the healthier brands.
- One country has had a NSNP in various drafts for about a decade, and its ownership—Health or Education—is uncertain. In such a situation, work should be done to advance healthy school environments even before a NSNP is developed, perhaps working with schools managed by faith-based-organisations and surrounding communities.
- A critical HCC role is adding value to member CSOs regarding advocacy, and the perspectives from various countries are important. There is scope for greater inter-country collaboration regarding advocacy and communications.

## SESSION 5: COLLECTIVE REFLECTIONS ON DAY 1, LOOKING TO DAY 2

*Moderator: Mr. Andrew Dhanoo, President, Diabetes Association of Trinidad and Tobago (DAT)* **Mr. Andrew Dhanoo** made this short session a fun, interactive one, while the Mentimeter created word clouds for participants’ answers to questions related to

# Collective reflect



GETTING THE REMOVAL OF ULTRA PROCESSED PRODUCTS FROM CA

## CIVIL SOCIETY ACTION PLAN 2017-2021 PREVENTING CHILDHOOD OBESITY IN THE CARIBBEAN

Enabling Caribbean civil society's contribution to national and regional action for healthier, happier children

BAN THE SALE OF SWEET BEVERAGES

WHY HAVE THE MOST

### REDUCING THE SALE OF SWEET BEVERAGES

- Reduces consumption of sweet beverages
- Encourages the consumption of water

1 in 3 children in the Caribbean are overweight or obese

And this is linked to...  
Small children are hit by this...  
linked to...

On average...  
soft drink...

HCC...  
Partnership...

ENOUGH





## SESSION SUMMARIES – DAY 2

### OPENING

*Moderator: Ms. Maisha Hutton, Executive Director, HCC*

**WELCOME, INTERACTIVE RECAP, AND OVERVIEW OF DAY 2** – *Dr. Sonia Nixon, President, Grenada Cancer Society*

Dr. Sonia Nixon welcomed participants, expressing the view that Day 1 had been “overwhelming”, and for those who had been working on these issues for a long time, it seemed that very little had been achieved. She stated that the region started well in 2007 with the Declaration of Port of Spain (POSD), but had not done as well as it could have since then. Nonetheless, she noted, Caribbean people were resilient, and even though NCDs were not on the agenda of the UN General Assembly Second High-level Meeting on Universal Health Coverage (UHC) scheduled for September 2023, health advocates had to continue and accelerate their work, lead by example, and create a movement from the bottom up, given the legal responsibility to ensure that young people remain healthy.

She noted the danger of UPPs and unhealthy diets, and summarised highlights from Day 1, noting that greater efforts were needed to address unhealthy nutrition, bringing together diverse stakeholders and strengthening collaboration; applying a cultural lens and ensuring cultural inclusion; and using robust, evidence-based policies for regulation and increased access to healthier alternatives. She stated that Day 2 would examine implementation strategies.

### SESSION 6: SUPPORTING IMPLEMENTATION

*Moderator: Professor Alafia Samuels, UWI*

#### PRESENTATIONS

**Supporting harmonization and regulatory capacity gaps: HCC model legislation** – *Ms. Nicole Foster, HCC and UWI*

Ms. Nicole Foster noted that one of the key tools available for achieving healthy school food environments was a model policy and supporting model legislation for regulating the availability and marketing of unhealthy beverages and food products, developed by the HCC.<sup>82</sup> She stated the goal, objectives, and scope of the model policy; provided definitions of ‘marketing’ and ‘digital marketing’; promoted use of the PAHO NPM as the basis for determining healthy and unhealthy products; and identified other selected background documents and resources.<sup>83,84,85</sup>

She emphasised that the policy should be mandatory, and described provisions of the model policy regarding mechanisms for implementation, monitoring, evaluation, enforcement, penalties, and sanctions, and flagged protection from conflict of interest as a key policymaking consideration. In discussing ‘next steps’, Ms. Foster suggested that the policy be 1) buttressed with legislation, since while the former is easy to change, the latter is not, and 2) anchored in overarching legislation such as amendment of the Education Act in Barbados to regulate school environments for health.



*Food and nutrition policies are concerned with physical and economic access to food that is safe, nutritious, affordable, wholesome, and culturally appropriate, in adequate amounts and kind throughout the year, that can prevent hunger and promote and sustain health, function, and livelihood of an entire population at all stages of life.*

*Excerpt from Dr. Kia Lewis' presentation*

**Providing healthy options: the alternative snacks and beverages list in Barbados** – *Dr. Kia Lewis, Physician and Chair of the BCOPC*

Dr. Kia Lewis made the presentation on behalf of the Alternative Snacks and Beverages Map Team in Barbados, led by Ms. Nicole Griffith, a nutritionist and teacher. She noted that that healthier snacks may not be totally healthy, and though they may be healthier than unhealthy products, they should still be used in moderation, and consideration of serving size was important. She emphasised that the ASBL was meant to be used across all socioeconomic levels, and the Team used the Barbados Poverty Map to identify and include village shops in its research, as well as big supermarkets.

She stated that scope of the project to develop the ASBL included criteria of accessibility, availability, and affordability; cost comparisons; age-appropriateness; product type; level of processing; nutritional content; serving size; and convenience. She mentioned that, regarding the nutritional content, the Team opted not to adhere fully to the PAHO NPM, as that would have excluded too many products; instead, the Team followed the United Kingdom model and developed criteria for the nutritional content of the selected snacks and beverages regarding sodium (salt), sugar, fibre, cholesterol, and fat. She emphasised the importance of reading the nutrition labels, since FOPWL had not yet been implemented in the region, and indicated the need to provide product listing and promote

locally-grown fruits and vegetables. She reminded that the main target group comprised children, and it was necessary to make healthier choices as easy as possible for them, their parents, and their caregivers.

Dr. Lewis advised that 68% of the snacks on the ASBL were low-fat and 70% were processed, but only 6% had added sugars. She used practical examples to provide evidence regarding the provision of healthier and cheaper alternatives, noting that although fruits might not be cheap in Barbados, they were cheaper than, for example, packaged nuts. She noted that the process of developing the ASBL had resulted in enquiries about product reformulation, and greater collaboration among vendors and concessionaires to explore healthier options.

**Barbados SSB tax and School Nutrition Policy joint evaluation planning** – *Dr. Madhuvanti Murphy, Senior Lecturer in Qualitative Research Methods, George Alleyne Chronic Disease Research Centre, CAIHR, UWI*

Dr. Madhuvanti Murphy indicated that in planning for evaluation of the Barbados SSB tax and the BSNP, her research team sought to analyse how the policies worked together for mutual impact, using a systems thinking approach. She stated that the main tenet of the approach was the co-creation of interventions, and defined a system as “a set of entities (that is, people, organisations, resources) and their interconnections”, noting behaviours characteristic of complex systems such as

non-linear relationships, time delays, feedback loops, and difficulty in understanding them through the study of the individual components.

She noted that in planning the evaluation, both group model building (GMB) and community-based system dynamics (CBSD) were part of the methodology, the former (GMB) involving multiple stakeholders, development of a qualitative and/or quantitative model, creation of shared insights, consensus, and motivation for implementing change, while the latter (CBSD) sought to involve communities in the process of understanding and changing systems, with emphasis on long-term engagement, capacity building in systems thinking, and co-creation of interventions.

Dr. Murphy provided a summary of how various factors, including health literacy, might affect SSB tax increases and awareness of SSBs and their harms, and increase inequities. She noted that a decrease in SSB consumption might trigger increased Industry marketing to promote SSBs as healthy products, with SSB advertisements and the SSB bans in schools complicating the situation. She stated that the addition of FOPWL would impact the marketing of SSBs as healthy products, and might address some of the challenges identified in implementation of the SSB tax in Barbados. She indicated that future research plans included an empirical evaluation of the impact of adding FOPWL on the effectiveness of the SSB tax, using system dynamics modelling.

**Global experiences: banning ultra-processed foods in Rio de Janeiro's city schools – an experience report** – *Ms. Fabíola Leal, Lawyer and Advocacy Analyst, Instituto Desiderata, Brazil*

Ms. Fabíola Leal described the [Instituto Desiderata](#)<sup>86</sup> in Brazil as a “CSO for public interest that works in improving public health for children and adolescents, with a focus on cancer and obesity”, indicating that the CSO focused on systemic changes, proposed

integrated solutions, and aimed to exert local influence. She described the CSO's strategy as exerting local influence for the approval of laws that create healthy eating environments for children and adolescents, to broaden the debate, inspire initiatives in other locations, and strengthen the need for national regulation.

She noted that the CSO's advocacy actions for the approval of bill 1662/2019 in Rio de Janeiro to address COP included councillor mapping, which provided a description of each congressman's profile; production of fact sheets on guidelines; a face-to-face presence and advocacy at city council meetings; development of an awareness campaign; and coordination with other partners for network mobilisation.

Ms. Leal highlighted repercussions of these actions, including Industry interference that targeted councillors, and statements made that obesity was not due to SSBs, but to lifestyle, emblematic of the global Industry playbook. She stated that the CSO responded by convening further face-to-face meetings with councillors, mobilising the public, and initiating a second phase of the communications campaign, highlighting the results of a survey that found that UPPs were 126% more available in schools than fresh food. The bill was approved and its implementation was in progress, with supporting interventions such as development of a canteen guide, roundtable discussions with canteen workers on healthy school meals, and videos, in reels format, of students discussing healthy eating in schools, and showing how to prepare and cook healthy, easy recipes.

## DISCUSSION AND Q&A

In this discussion, the following points/ comments/ suggestions were made:

- There should be a regional template for evaluation of the application of the model

policy for regulating the availability and marketing of unhealthy products, to allow comparison across countries.

- The current Industry position in the region includes promoting 'balance', where all calories are seen to be equal—despite evidence that SSB calories are 'empty' calories—and calorie counting, both of which put the onus for healthy nutrition on the consumer.
- Companies sell an experience, rather than a product—a lifestyle, in the widest sense.

Perhaps public health could also adopt this approach, rather than focusing on single issues. However, there should be caution in the use of the 'lifestyle' concept, which is sometimes seen as applicable only to those in higher socio-economic brackets—those in lower socioeconomic situations may not have the luxury of choice regarding some aspects of their lives.

- The tertiary education institutions referenced in the BSNP are those where children are enrolled, not those that cater to adults, such as universities.



- The sequence of interventions does not matter in systems research for evaluation of the Barbados SSB tax and the BSNP—any intervention could have been implemented first, but in this scheme, FOPWL will be significantly catalytic.
- Some school principals in Barbados have implemented programmes as outlined in the BSNP, but not all have done so. Canteens focus on prepared food, while vendors deal with snacks, and the latter complain of having old stocks and difficulty in procuring healthy snacks. There has been compliance, but **challenges remain in reading labels**, and FOPWL needs to be accelerated.
- There should be a common regional approach to the use of FOPWL. It would be counterproductive and confusing for different Caribbean countries to use different FOPWL systems, and there are lessons to be learned from countries such
- In developing the Barbados ASBL, there were no specific criteria for selecting the products examined in shops and supermarkets, only for selecting what was included in the List. There are still challenges to the use of brands, and, in that regard, Barbados is hoping to use the Jamaican MoHW model, which identifies specific products by brand. The Barbados ASBL is still a work in progress, and vendors and other stakeholders are encouraged to solicit opinions on whether products they wish to make available are healthy, or not, through an established alternatives list email address. Efforts are also being made to empower people to read labels and make decisions for themselves.
- In Barbados, agreement between the MoETVT and the MoHW on which of the entities should lead in the ASBL intervention is pending; canteen



*We must walk into meetings with Industry with conviction, armed with evidence, prepared for war.*

*Dr. Sonia Nixon, President, Grenada Cancer Society*

as Canada and Chile that have used collaborative methods to successfully decrease salt intake.

- The presentation on the Barbados ASBL was very good, and parents should support the school-based efforts. Healthy lifestyles should also consider mental health and physical activity, not only food and nutrition—mental health issues are extremely important, and children who are experiencing mental health challenges may compensate by overeating.
- concessionaires have the power to determine what products are brought into schools, and they have been using the profile.
- While unhealthy products often have preservatives to make them last, fruit snacks deteriorate within a week. It may be worthwhile to engage nutritionists to develop alternative ways of using fruit and vegetables before they deteriorate, for example, in smoothies, and to engage children in choosing healthier products. In Barbados, the MoHW has been recommending smoothie bars.



- The PAHO NPM may bring a severe level of restriction in the inclusion of available products in ASBLs, and has been modified in some Latin American countries. However, this received pushback from within their territories questioning the seriousness of the authorities in promoting healthy eating and raising legal questions around the scientific basis of the modifications. A better compromise would be an indication that a phased approach would be taken to reach the NPM criteria, with the establishment of timelines for Industry compliance.
- The high levels of childhood obesity must be considered as a counterpoint to the alleged restrictiveness of the PAHO NPM. A phased approach can be taken, but it must be very explicit and clear in addressing this significant issue; if results are not forthcoming, the policy will be challenged. It is important to use the evidence and move toward the NPM criteria.
- The thresholds in the NPM are based on science, and exceeding them raises the risk of developing NCDs; the public should not be deceived, especially with Industry pushing for lower levels.
- Lessons from the Instituto Desiderata's presentation indicate that short reels that include youth, rather than long videos, are favourably received, and these can be used, along with other methods, to continuously promote healthier alternatives. Also, mapping of local councillors and engaging with them is a strategy that can be applied in the Caribbean—Barbados has a 'Parish Speaks' programme, in which the Prime Minister participates, and these events provide powerful fora for raising health-related issues and promoting health.

## SESSION 7: SUPPORTING YOUTH ACTION

*Moderator: Ms. Danielle Walwyn, Advocacy Officer, HCC*

### PANEL DISCUSSION AND Q&A

**Being an ally: driving youth advocacy** – *Mr. Andrew Dhanoo, President, DATT; Shannique Bowden, Executive Director, JYAN; Ms. Michron Robinson, BCOPC Youth Advocate; Mr. Pierre Cooke, Jr., Youth Technical Advisor, HCC; Ms. Charity Dublin, Vice-President, ABDA, Nutritionist Antigua and Barbuda Ministry of Health and the Environment, and Member, HCC/HCY; Ms. Rosanna Pike, Health Education Officer, HFJ*

In discussing how youth across the region have been supporting the removal of UPPs from schools and improvement of the school environment, the following were noted:

- *HCC/HCY, on behalf of JYAN, HSF, HFJ, and participants in a June 2023 virtual youth forum, sent a letter to the CARICOM HoSG at their 45<sup>th</sup> Regular Meeting 3-5 July 2023, calling for action on healthy school environments, urgent implementation of comprehensive mental health policies, and meaningful youth engagement. The Dean of the CARICOM Youth Ambassadors, who attended the meeting, emphasised the importance of the last-mentioned.*
- *HCC/HCY provided seed grants to youth affiliated with HCC member CSOs to coordinate healthy food policy-focused advocacy activities; promoted implementation of the BSNP in schools; used social media to disseminate messages, in addition to in-person engagement with students post-COVID lockdowns; conducted stakeholder consultations; and contributed to the [March 2023 Open Letter](#)<sup>87</sup> congratulating the Government of Barbados on the*

development of the BSNP. However, there is evident need for further explanation and discussion of the BSNP among students, given a perception that it does not consider persons with diabetes.

- In establishing HCC/HCY, training and capacity-building were necessary, and the importance of using rights-based language in advocacy became clear. Human rights are great equalisers, and HCC/HCY developed a rights-based advocacy agenda<sup>88</sup> to show youth advocates how to integrate such an approach in their COP advocacy. In addition, HCC/HCY partnered with the World Obesity Federation to develop an advocacy toolkit that provides an overview of the importance of youth voices in advocating for healthier environments, practical strategies, and guidance that can be used to conduct both online and in-person advocacy work.<sup>89</sup>
- It is important for youth to be supported by, and work alongside, allies—currently, an HCC/HCY representative is a member of both the Barbados NNCCDC and the BCOPC, and networks with other youth advocates in the BCOPC. There is a suggestion that health and wellness should be a mandatory subject within schools.
- The *Diabetes Association of Trinidad and Tobago* (DATT) established a youth arm in 2022, and a young person is a member of the DATT Board. DATT created a structured Sixth Form Internship Programme, given the many requests from medical students for placement with the Association; there were approximately 600 applications for internships this year, to fill 30 places. One of the intern leaders and the Chair of the DATT youth arm, supported by the HCC/HCY seed grant, is leading research on compliance with SSB bans in secondary schools, in collaboration with the UWI. DATT initiated a diabetes quiz in primary schools in Trinidad and Tobago, aiming to provide information to, and work with, children as early as possible, and the quiz

has expanded to the other countries in the region—the Caribbean finals will take place in November 2023. There are plans to conduct a post-intervention survey after the quiz. DATT has also organised camps for children with type 1 and type 2 diabetes, and the latter includes nutrition and stress management interventions.

- The *HFJ youth arm* and *JYAN* are collaborating to provide public education, sensitisation, and counselling on nutrition-related issues in various settings, such as health fairs, and to write and publish articles. HFJ has an internship programme that seeks to determine young people's areas of interest and passion, and to involve them in work with CSOs—currently there are CARIMAC students working to establish a digital presence in HFJ's partner CSOs in Jamaica.
- *JYAN* has mobilised youth involvement in promoting food policy, including engagement with students, and has built their capacity to co-create and execute activities such as the development of position papers and calls to action. Much is often asked of youth, and one strategy in securing and maintaining their engagement is the implementation of fun activities.
- *ABDA's executive body* includes two members who are under age 30 years—one being Vice-President of the Association—and who are part of the International Diabetes Federation's Young Leaders Programme, which is enabling the development of a campaign in Antigua and Barbuda. ABDA has a programme specifically for children and young people living with diabetes, and ensures that they are meaningfully involved. The Antigua and Barbuda Ministry of Health, Wellness, and Environment conducted a campaign to reduce sugar consumption, conducting focus groups among persons aged 5-25 years in youth groups, summer camps, primary schools, and other settings, and, in partnership with UNICEF, the information

was used to create a healthy school caravan that visited schools to provide screening.

Suggestions for effective CSO or government engagement with youth included the following:

- Find ways to enhance relationships with young people, and implement official mechanisms to engage with them, such as offering youth positions on boards, and as special advisors, consultants, and interns; meet them where they are, and obtain their opinions—they have innovative, feasible ideas to offer. The 'Parish Speaks' programme in Barbados could provide a model for engaging youth.
- Ensure that songs, media postings, and other communication products promote messages relevant to youth.
- Acknowledge and appreciate their work, and value them as part of the team. Young people increase the value of advocacy and its reach, and they may not insist on monetary reward.
- Involve them meaningfully, from beginning to end, do not treat them as an afterthought, and do not ask them to participate in an already-developed agenda; provide guidance and mentorship, where possible; build their capacity to make meaningful contributions, take youth comments and contributions on board, and give them the space to grow.
- Do not be afraid of young people who want to do things and lead, as there is space for both those with new ideas, and those with experience—trust in youth leadership.
- Allow youth to tell their stories and share their journeys and experiences, for example, in living with NCDs.
- Establish a youth arm as part of the structure of CSOs.
- Consider establishment of a national students' council in each country, with representation from each school and an agenda that includes healthy school environments.

## SESSION 8: THE ROLE OF PARTNERS

*Moderator: Ms. Laura Tucker-Longworth, President, Belize Cancer Society, and Board Member, HCC*

**PANEL DISCUSSION** – *Mr. Fransen Jean, Food Security Officer, Subregional Office for the Caribbean, FAO; Dr. Lisa McClean-Trotman, Communication for Development Specialist, Eastern Caribbean Area Office, UNICEF; Dr. Heather Armstrong, Head, Chronic Disease and Injury Department, Office of the Executive Director, CARPHA; Dr. Gloria Giraldo, PAHO/WHO; Dr. Madhuvanti Murphy, UWI*

In discussions to determine partner roles, resources, and opportunities to assist governments and CSOs in addressing the theme of the meeting, the following points/comments/suggestions were made:

### FAO

- Addressing unhealthy diets in general requires holistic approaches that address all dimensions of food and nutrition security, and the Caribbean imports most of the food it consumes, much of which comprises UPPs and other HFSS products. The most recent global state of food security report<sup>90</sup> notes that the Caribbean is one of the regions with the highest cost of healthy diets, and contributory factors include habits created through the years, related to marketing, governments' capacity to make their own decisions, and the availability of adequate resources to implement policies.
- FAO is a technical assistance agency, with limited funds, but it has a strategic framework that aims to promote better nutrition, environment, production, and life. Relevant activities include reduction in UPPs in the school environment, and the Organization has been working with Caribbean governments and the CARICOM Secretariat to implement regional food and nutrition security policy, including the ['25](#)

[by 2025' initiative](#).<sup>91</sup> The Organization has supported actions related to supply, for example, strengthening specific value chains in the region; improving access to retail markets; and enhancing national food feeding policies, with encouragement to ensure that meals are made from healthy nutritious products coming from small farmers.

- FAO has brought together policymakers and decision makers, and in some countries, including Belize and Haiti, has supported the establishment of a [Parliamentary Front Against Hunger](#).<sup>92</sup>

### UNICEF

- UNICEF's approach varies across different countries, and in the Eastern Caribbean the Fund does not have a health programme. However, it leverages action for health through advocacy, including through the nutrition and fitness component of the Health and Family Life Education (HFLE) programme that has been widely implemented in Caribbean schools, and has been working to ensure that students have access to that programme.
- There are also technical resources with expertise in various areas such as communication for social and behaviour change. This programme has built the capacity of persons working in health, and has supported selected CSO campaigns, including promotion of exclusive breastfeeding. In addition, UNICEF supports youth participation and invests in research, such as the perception of physical activity in schools, and has found that such activity is often used punitively, or is denied if examinations are imminent.

### PAHO

- PAHO's country offices tend to have more general expertise available for technical cooperation in health, but those offices have access to subject matter experts at the Organization's subregional offices and its headquarters in Washington, D.C. The

work is science-based, and PAHO can defend, and assist countries to defend, positions taken regarding health issues. Most of the country-level technical cooperation is implemented with ministries of health, but there are possibilities for collaboration with CSOs, particularly larger or regional ones.

### CARPHA

- The CARPHA 6-point policy package for healthier diets and food security was introduced at regional level and provides the framework for CARPHA's work in this issue, implemented through the Agency's Chronic Disease and Injury Division. The Agency provides training and capacity building, and works with Member Countries to strengthen health systems. CARPHA has collaborated with PAHO to develop regional guidelines for nutrition in schools, which will be released soon, to be followed by training.

### UWI

- The UWI offers training, capacity building, and research, and provides data and information on NCD prevention and treatment to enable governments and CSOs to make evidence-based decisions. The University has also been working in policy development, funded by grants, for example, related to the [POSD evaluation](#) and the [Improving Household Nutrition Security and Public Health in the CARICOM \(FaN\) project](#).<sup>93</sup>
- Efforts have been made to insert NCDs in various fora, including undergraduate and postgraduate programmes in public health, and the [Law and Health Research](#)<sup>94</sup> programme. The revised Caribbean Examinations Council (CXC) curriculum for secondary schools includes NCDs, and there is a revised [CARICOM HFLE Regional Curriculum Framework \(2022\) for children aged 3-12 years](#).<sup>95</sup> In addition, digital resources have been created to support the HFLE programme.

## HCC

- Since its inception, the HCC has been instrumental in NCD advocacy, communications, capacity building of CSO and government representatives, and contributions to policy development. The Coalition has numerous useful resources related to the meeting theme and other NCD topics available on its [website](#).<sup>3</sup>

## SESSION 9: CREATING A REGIONAL ROADMAP

*Moderator: Ms. Maisha Hutton/HCC Team*

### GUIDED GROUP WORK/GROUP FEEDBACK AND CONSOLIDATION

**Ms. Maisha Hutton** indicated that this session addressed the meeting's final objective: *Develop a regional roadmap that supports the accelerated CARICOM-wide removal of UPPs from schools through the implementation of regulations banning or restricting the availability and marketing of these unhealthy products in school settings as part of a wider package of healthy food policies.* She gave guidelines for the work, charging seven groups with completing a table identifying three to five activities, at, respectively, regional and national levels, with an indication of timelines, the roles of civil society and partners, and alignment with, or support for, existing activities. She stated that the discussions should take into consideration participants' inputs from Day 1 regarding successes, lessons learned, opportunities, challenges, and activities, as well as their identification of selected activities, based on feasibility and impact.

**The successes, lessons learned, opportunities, challenges, and activities identified on Day 1 are listed in Annex 4.** Among the successes were 1) interventions to create healthier school environments, including formulation of an ASBL to enable the promotion and selection of healthier options,

training of food vendors and canteen managers in the preparation of healthy foods, and providing water and other healthy options in schools in vending machines and through installation of water fountains and bottle-filling stations; 2) meaningful engagement and active involvement of youth, inviting them to share their experiences and perspectives; and 3) strategic media involvement, with—in many cases—co-branding with ministries of health.

Lessons learned included the importance of 1) effective, including cost-effective, communication, using an integrated social marketing strategy, providing policymakers with evidence-based information and concise messages, and developing communication products targeted to specific audiences, including children and youth, to enable healthier choices; 2) establishing strategic partnerships not only with other NGOs and CSOs, but also with ministries of health (and other ministries), to share information, resources, and workloads; 3) promoting and using human rights- and equity-based approaches to foster social inclusion and advance accountability; 4) collaborating with the private sector to implement policies for healthier food environments, being cognisant of conflict of interest; and 5) ensuring monitoring and evaluation to assess the process and impact of policies and programmes.

Among the opportunities identified were 1) increasing regional awareness of the harms of unhealthy products; 2) regional efforts for FOPWL, through the CROSQ initiative to revise the nutrition labelling of pre-packaged products; 3) encouraging more regional advocacy interventions, including communication campaigns, and obtaining CARICOM support for national food policy legislation; 4) sharing lessons learned and experiences across countries; 5) closer collaboration among, and with, not only government sectors such as Health, Education, Agriculture, and Trade, but also key stakeholders such as vendors, canteen

concessionaires, and local farmers, to contribute to healthy school nutrition; and 6) ensuring the development and implementation of school nutrition policies, with enactment of supporting legislation.

Challenges encompassed 1) limited awareness of important issues by policymakers, especially in sectors other than Health; 2) limited public health capacity and resources; 3) insufficient resources allocated to schools, and the dearth of sponsorship from health-promoting or health-neutral entities for school activities, resulting in the need for schools to increase revenue through the sale of health-harming products and alliances with the manufacturers of such products; 4) significant diversion of administrative time, due to school personnel having to determine which products were permitted under the school policies, in the absence of clear, interpretive, front-of-package labelling such as the octagonal, 'high-in' FOPWL; 5) delays in 'buy-in' and implementation of NSNPs by school authorities and vendors, fearing loss of profits and livelihoods; 6) delays in implementing evidence-based policy options in several countries, including SSB taxation of at least 20% and bans on marketing unhealthy products to children; 7) perceived 'unfair' targeting of SSB manufacturers and retailers, given that there are other products high in sugar; and 8) limited awareness of conflict of interest issues among key stakeholders, with inadequate implementation of policies to identify, prevent, mitigate, and manage conflict of interest and Industry interference.

The questions to guide group work, the table format to reflect the group discussions, and the outputs from the groups are summarised in **Annex 5**. Activities proposed during the group work and over the course of the meeting informed the development of the **HCC regional roadmap**, as presented in the relevant section below.

## REFLECTIONS AND CLOSING

*Moderator: Ms. Maisha Hutton, Executive Director, HCC*

**Ms. Maisha Hutton** noted that in working to advance healthy school nutrition, Barbados had launched, and was implementing, the BSNP; Jamaica's process was significantly advanced; St. Lucia was making good progress;<sup>96</sup> Antigua and Barbuda planned to develop legislation with interventions addressing SSB bans, water in schools, and agriculture; and St. Vincent and the Grenadines had a draft policy that needed updating. She encouraged other countries to share information on their progress in this area, and the following was noted: Belize had launched a National Nutrition Policy, but a NSNP, which was important, was pending; Dominica needed to agitate for a groundswell to work on getting its draft NSNP finalised; St. Kitts and Nevis was working to finalise draft SSB policy for submission to Cabinet, and was collaborating with FAO to develop national dietary guidelines, which would inform the NSNP; Grenada had an official statement on SSB bans in schools and an NSNP exists—efforts would be made regarding effective implementation of an SSB ban. It was stated that the **establishment by HCC of a clearinghouse** with updated information on the status of relevant interventions in Caribbean countries would be useful to provide easily accessible information.

In closing the meeting, Ms. Hutton thanked everyone for their participation, and indicated that this assembly, and statements arising from it, would form the basis for accelerated and coordinated civil society-led advocacy for the removal of UPPs from Caribbean schools. Such advocacy would be part of broader efforts to improve the Caribbean food environment and ultimately reduce overweight, obesity, and diet-related NCDs, and improve the management of chronic conditions among people living with NCDs in the Caribbean.

## CONCLUSIONS

The participants seemed most appreciative of the information presented and shared during the two-day meeting, with many stating that they had not only gained knowledge, but had also been made aware of interventions that could be adopted or adapted in their own national settings. There was renewed energy for the development, implementation, and monitoring of NSNPs, kudos for Barbados' innovative ASBL, and greater appreciation of the need to address conflict of interest and various forms of Industry interference, notwithstanding the dependence of many governments and CSOs on financial and other types of support from health-harming industries. There also appeared to be keener understanding of the roles that partners such as FAO, UNICEF, PAHO, CARPHA, UWI, and HCC were playing, and the support that might be obtained from them and other development partners.

The participants not only identified successes, lessons learned, opportunities, challenges, and activities to be executed at regional and national levels, but also encouraged the HCC to continue—and expand, to the extent possible—its high-level advocacy, capacity building, communication campaigns, information sharing, partnerships, engagement of youth and people with lived experience of NCDs, technical guidance, monitoring, research, and provision of resources, both materials and money.

## RECOMMENDATIONS

In alignment with the recommendation groupings in the HCC Transformative New NCD Agenda and the report of the “Our Food, Our Health, Our People: Accelerating Healthy Food Policies to Tackle NCDs” conference, the recommendations from this meeting are presented under headings of *life-course prevention; social inclusion and participation for policy development; people-centred, equitable health systems for universal health; partnerships, networks, and resource mobilisation; and accountability for decision making*. **The recommendations target Caribbean civil society at national and regional levels, namely HCC member CSOs and the HCC Secretariat, in partnership and collaboration with key stakeholders**, including national government entities; the health-promoting private sector, taking conflict of interest into consideration; regional intergovernmental institutions, agencies, and organisations; international NGOs; and international development partners, including UN agencies.

### LIFE-COURSE PREVENTION

1. Advocate for the initiation of healthy nutrition and NCD prevention activities with children at an early age, integrating age-appropriate messages and strategies into pre-school settings and early childhood development programmes.
2. Continue high-level advocacy for, and development and implementation of, mutually-reinforcing interventions to address childhood obesity prevention, including fiscal policies such as at least 20% taxation on sugar-sweetened beverages (SSBs) and subsidies on healthy products, to increase affordability; implementation of the evidence-based octagonal ‘high-in’ front-of-package nutrition warning labelling (FOPWL) system recommended by PAHO; bans on the sale and promotion of SSBs, UPPs, and other products high in fats, sugar, and salt/sodium (HFSS) in school settings; restriction of the marketing of unhealthy products to children; and mandatory physical activity in schools.
3. Advocate for, contribute to, and promote the development and use of tools to enable healthy school nutrition, including, but not limited to, the formulation and dissemination of alternative snacks and beverages lists (ASBLs), identification and promotion of healthy product brands, and the observance of food donation protocols.

### SOCIAL INCLUSION AND PARTICIPATION IN POLICY DEVELOPMENT

1. Advocate for, and contribute to, the meaningful engagement of children and youth in the development and implementation of policies for healthy school nutrition, and the establishment of mechanisms for reaching and involving them where they are, for example, in schools, youth groups, and faith-based organisations.
2. Advocate for, and contribute to, building the capacity of children and youth to advocate and engage in the policy development process, taking advantage of expertise and tools available through the HCC and international development agencies such as the United Nations Children’s Fund (UNICEF) and WHO, including the HCC [Youth Voices in Health Advocacy Spaces: A Guide for You\(th\) in the Childhood Advocacy Space](#);<sup>97</sup> the [2022 UNICEF Youth Advocacy Guide](#);<sup>98</sup> and the WHO 2022 [An Advocacy Toolkit for Youth in the Health and Social Care Workforce](#).<sup>99</sup>
3. Encourage and support the creation of youth arms and positions for youth in decision-making spaces in health- and NCD-related CSOs.
4. Identify, build the capacity of, endorse, and promote emerging champions for COP and healthy school nutrition, including among children and youth.



- 5 Advocate for, and support, the creation of national COP alliances among CSOs working in health in countries where they do not currently exist, for strengthened collaboration and more coherent action.

## PEOPLE-CENTRED, EQUITABLE HEALTH SYSTEMS FOR UNIVERSAL HEALTH

- 1 Promote and contribute to equity- and human-rights-based approaches to healthy school nutrition and removal of UPPs from the school environment, invoking the Convention on the Rights of the Child and other human rights, and using available international human rights guidelines and monitoring strategies to assess governments' fulfilment of their obligations.
- 2 Advocate for the establishment of mechanisms for whole-of-government, whole-of-society participation in the development, implementation, monitoring, and evaluation of healthy school nutrition policies, and adequate representation of civil society, people living with NCDs, children, and youth.
- 3 Conduct high-level advocacy for the development and enactment of legislation to enable the formulation and implementation of national school nutrition policies (NSNPs), including through amendment of current Education Acts, and develop, disseminate, and promote model legislation and policy to facilitate NSNP creation.
- 4 Conduct sensitisation and education sessions on the commercial determinants of health, conflict of interest, recognition of marketing, and food donation protocols for key stakeholders, including policymakers, technical personnel, CSOs, children, youth, and the general public.
- 5 Advocate for, and contribute to, the development and implementation of policies and regulations to prevent, identify, mitigate, and manage conflict of interest, stop Industry interference in the formulation of healthy school nutrition policies, and ensure exclusion of health-harming industries from participation in policy development.

## PARTNERSHIPS, NETWORKS, AND RESOURCE MOBILISATION

- 1 Encourage and support the establishment of networks among youth advocates and youth organisations to address COP, including healthy school nutrition, garnering support from regional organisations such as the HCC youth arm, Healthy Caribbean Youth (HCC/HCY), and technical cooperation from international development partners such as UNICEF and PAHO.
- 2 Encourage and support the establishment and/or strengthening of partnerships among CSOs in different geographical regions, for example, among SIDS, to enable mutual learning, information sharing, common approaches, and strengthened advocacy in high-level international fora.
- 3 Identify and promote opportunities to integrate removal of UPPs from schools and healthy school nutrition into relevant programmes, encompassing academic and other educational curricula, and into pertinent resource mobilisation efforts, including for maternal, child, and adolescent health; NCD prevention and control; food and nutrition security; and climate change mitigation and adaptation, seeking co-benefits and win-win solutions.

## ACCOUNTABILITY FOR DECISION MAKING

- 1 Advocate for, and contribute to, the establishment of information systems for health that provide both national and subnational information on childhood obesity, to enable advocacy and the provision of relevant information to leaders at constituency level, with a view to driving interventions and monitoring trends at that level.
- 2 Advocate for, and contribute to, the collection and use of qualitative and quantitative data, including through freedom of/access to information legislation, to inform evidence-based interventions, assess trends, track policy development and implementation, monitor conflict of

interest and Industry interference, and determine the impact of interventions for removal of UPPs from schools and healthy school nutrition.

## REGIONAL ROADMAP

Emerging from the meeting, HCC member CSOs and Secretariat—in collaboration with other civil society entities, key partners in the public sector, academia, and development partners—commit to supporting the regional acceleration of the removal of UPPs from school settings by implementing the following priority activities over the next two years, in the lead-up to the 4<sup>th</sup> UN High-level Meeting on NCDs in September 2025. All activities will be undertaken by the HCC Secretariat and/or member CSOs across CARICOM, and the activities presented have been selected based on consensus and priority, likelihood of impact, feasibility/achievability, and resource availability/mobilisation. The HCC will undertake stocktaking in July 2024 to assess progress, and again in July 2025, before the September 2025 High-level Meeting.

**Table 1** below summarises the regional roadmap: activities, indicative timelines for their execution, and indicators of success, to facilitate monitoring and evaluation.

Table 1. Civil society regional roadmap to support the accelerated removal of UPPs from schools in the CARICOM, 2023-2025

Activities	Indicative timelines	Indicators of success
1. Establish a network among CSOs and allies for regular formal and informal communication and collaboration to facilitate implementation and monitoring of the regional roadmap (WhatsApp/Email).	Ongoing.	WhatsApp platform and/or email network operational and scope of operation defined.
2. Continue to contribute to, and monitor, the ongoing CROSQ process for revision of CARICOM standards for pre-packaged foods, advocating for adoption and implementation of the evidence-based octagonal 'high-in' FOPWL system recommended by PAHO.	Ongoing.	Regular liaison with members of National Mirror Committees; high-level advocacy interventions; re-running of the "Now More Than Ever: Better Labels, Better Choices, Better Health" campaign; youth-led advocacy and agitation.
3. Expand and strengthen the HCC COP portal to create a clearinghouse of policies, legislation, interventions, resources, tools, and other related COP materials from Caribbean countries, facilitating information sharing and access by national, regional, and international entities.	4 <sup>th</sup> quarter 2023; ongoing thereafter.	COP portal content expanded as stated.

<b>Activities</b>	<b>Indicative timelines</b>	<b>Indicators of success</b>
4. Finalise food donation protocols and promote their use to governments in order to protect citizens, especially children, from donations of UPPs in emergency/disaster situations, and to protect children in school settings from donations of these products, particularly in communities with low socio-economic status.	4 <sup>th</sup> quarter 2023.	Donation protocols available on the HCC website and promoted to government entities and CSOs.
5. Develop a best-practice resource that documents interventions, successes, challenges, and lessons learned in the implementation and monitoring of policies to regulate and restrict the sale and availability of UPPs in school settings, including the HSFBI monitoring application.	1 <sup>st</sup> quarter 2024.	Best practice resource available on the HCC website and promoted widely in CARICOM.
6. Develop, disseminate, and promote a regional list or series of national lists of healthier foods, snacks, and beverages based on the PAHO (or other evidence-based) NPM, the Barbados ASBL, and the Jamaica MoHW registry of healthier, branded options, highlighting locally-grown, locally-produced, minimally-processed products as much as possible; make the list accessible to children, youth, parents, and other caregivers, as well as to vendors and canteen/tuck shop concessionaires.	Ongoing.	ASBL available on the HCC website and promoted widely in CARICOM to various audiences.
7. Disseminate model national school nutrition policy and legislation (and adapt where necessary based on emerging NSNPs, such as the BSNP and other existing NSNPs) to all countries.	Ongoing.	Model policy and legislation available on the HCC website and promoted widely.
8. Lobby CARICOM governments and relevant international development agencies to take steps to promote and increase the availability, accessibility, and affordability of locally-grown, locally-produced, minimally-processed products, involving local farmers, manufacturers, producers, and retailers, and encouraging and supporting the establishment of backyard and school gardens.	Ongoing.	Advocacy to CARICOM governments and development agencies.

<b>Activities</b>	<b>Indicative timelines</b>	<b>Indicators of success</b>
9. Lobby for the establishment of regional health CSO representation at CARICOM level, following the precedent of inclusion of the Caribbean Private Sector Organisation at that level.	Ongoing.	Advocacy to CARICOM for CSO representation.
10. Lobby for the creation of a Task Force on Childhood Obesity Prevention at the UWI, to strengthen the involvement of academia in relevant research, resource mobilisation, and the production and presentation of evidence.	TBD.	Advocacy to UWI for creation of the COP Task Force.
11. Advocate at CARICOM level for governments to develop and implement policies, and/or legislation, and/or regulations, to increase their actions to restrict the accessibility and availability of unhealthy UPPs and other HFSS products to children, especially in school settings, and increase the accessibility, affordability, and availability of healthier alternatives, negotiating with private sector entities to import/produce/offer such products and providing incentives to comply, as well as sanctions for non-compliance.	Ongoing.	Advocacy to CARICOM using various means – calls to action, policy briefs, letters, social and traditional media, other.
12. Build on, and re-run, successful digital campaigns on COP and healthy nutrition in schools, including “Act on Facts – the Food in Our Schools Matters”.	Ongoing.	Evidence of campaign re-runs and audience responses.

## ANNEX 1: LIST OF PARTICIPANTS

Title	First name	Last name	Job title	Organisation	Country
Mr.	Alister	Alexander	President	Barbados Association of Retailers, Vendors and Entrepreneurs (BARVEN)	Barbados
Dr.	Ramona	Archer-Bradshaw	Chief Education Officer	MoETVT	Barbados
Dr.	Heather	Armstrong	Head, Chronic Disease and Injury Department	CARPHA	Trinidad & Tobago
Ms.	Michele	Ash	Chief Nutritionist/Head, Nutrition & Metabolism Division	Ministry of Health	Trinidad & Tobago
Ms.	Zahra	Ashby	Intern	HCC	Barbados
Ms.	Michele	Baker	Advocacy Officer	Lake Health & Wellbeing	St. Kitts & Nevis
Dr.	Beverley	Barnett	Consultant	HCC	Barbados
Ms.	Lisa	Bayley	Specialist, Communications for Health Promotion	PAHO/WHO	Barbados
Ms.	Marie	Beach	Healthy Schools Coordinator	Department of Health	Bermuda
Mr.	Damanie	Beckles	Student	The St. Michael's School	Barbados
Ms.	Jay	Belmar Van Meerbeeck	Mass Media Campaign Officer	HFSB	Barbados
Ms.	Marvlyn	Birmingham	Retired Hospital Administrator	Dominica Diabetes Association	Dominica

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Country</b>
	Shannique	Bowden	Executive Director	Jamaica Youth Advocacy Network	Jamaica
Ms.	Lydia	Browne	Executive Secretary	Grenada Food and Nutrition Council, Ministry of Agriculture	Grenada
Ms.	Stacia	Browne	Communications Officer	HSFB	Barbados
Ms.	Deonne	Caines	Programme Development Officer, Nutrition	Ministry of Health & Wellness	Jamaica
Ms.	Abigail	Caleb	Senior Technical Officer, Food Security and Nutrition	CARPHA	Trinidad & Tobago
Ms.	Felicia	Carter	National Consultant	PAHO/WHO	Barbados
Dr.	Marissa	Carty	Health Promotion Unit Coordinator, NCD Focal Point	Ministry of Health & Social Security	St. Kitts & Nevis
Ms.	Francine	Charles	Programme Manager, Childhood Obesity Prevention	HSFB	Barbados
Mr.	Pierre	Cooke, Jr.	Technical Advisor	HCC	Barbados
Dr.	Kenneth	Connell	Vice-President	HCC	Barbados
Ms.	Donnelle	Christian	Communications Manager, Caribbean Region	Vital Strategies	Jamaica
Dr.	Fabio	da Silva Gomes	Advisor, Nutrition &	PAHO/WHO	Washington, D.C., USA

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Country</b>
			Physical Activity		
Dr.	Andrew	Dhanoo	President	Diabetes Association of Trinidad & Tobago	Trinidad & Tobago
Ms.	Charity	Dublin	Vice-President	Antigua & Barbuda Diabetes Association	Antigua & Barbuda
Ms.	Alicia	Ferdinand	Community Dietitian	Ministry of Health, Wellness & the Environment	St. Vincent & the Grenadines
Ms.	Nicole	Foster	Law Lecturer & Head, Law and Health Research Unit	Faculty of Law, UWI, Cave Hill	Barbados
Dr.	Gloria	Giraldo	Advisor, Noncommunicable Diseases & Mental Health	PAHO/WHO	Barbados
Ms.	Yolanda	Gongora	Chief Education Officer	Ministry of Education, Culture, Science & Technology	Belize
Sir	Trevor	Hassell	President	HCC	Barbados
Ms.	Lisa	Hunt	Chief Nutritionist	Ministry of Health, Wellness & Elderly Affairs	St. Lucia
Ms.	Maisha	Hutton	Executive Director	HCC	Barbados
Ms.	Janea	Ifill	Administrator	HCC	Barbados
Dr.	Fransen	Jean	Food Security Officer	FAO	Barbados
Ms.	Fabiola	Leal	Lawyer/Advocacy Analyst	Instituto Desiderata	Brazil
Dr.	Kia	Lewis	Medical Doctor	BCOPC	Barbados



<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Country</b>
Mr.	Robert	Maloney	Communications Officer	BARVEN	Barbados
Dr.	David	McCarthy	Principal	Christ Church Foundation School	Barbados
Ms.	Barbara	McGaw	Programme Manager, Global Health Advocacy Project	HFJ	Jamaica
Dr.	Lisa	McClelland-Trotman	Specialist, Communication for Development	UNICEF	Barbados
Ms.	Samantha	Moitt	Chief Nutrition Officer/Tobacco Focal Point	Ministry of Health, Wellness, Social Transformation & Environment	Antigua & Barbuda
Ms.	Rachel	Morrison	Senior Advisor	Global Health Advocacy Incubator	Jamaica
Dr.	Madhuvanti	Murphy	Senior Lecturer in Qualitative Research Methods	George Alleyne Chronic Disease Research Centre, UWI	Barbados
Dr.	Sonia	Nixon	Public Health Specialist/NN CDC	Grenada Cancer Society	Grenada
Mr.	Kristopher	Paige	Student	Harrison College	Barbados
Mr.	Brian	Payne	Deputy Nutrition Officer	National Nutrition Centre, Ministry of Health & Wellness	Barbados
Ms.	Jan	Phillips	Advocacy Officer	HFSB	Barbados
Ms.	Hedda	Phillips-Boyce	Education Officer	MoETVT	Barbados

<b>Title</b>	<b>First name</b>	<b>Last name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Country</b>
Ms.	Rosanna	Pike	Health Education Officer	HFJ	Jamaica
Ms.	Donna	Pothoff	President	Parent-Teachers Association	Barbados
Ms.	Michron	Robinson	Multimedia Journalist/Youth Advocate	BCOPC	Barbados
Prof.	Anne	St. John	Consultant Paediatrician	HFSB-COP	Barbados
Prof.	Alafia	Samuels	Professor	CAIHR, UWI	Jamaica
Dr.	Suzanne	Soares-Wynter	Clinical Nutritionist	CAIHR	Jamaica
Ms.	Laura	Tucker-Longsworth	President/Board Member	Belize Cancer Society/HCC	Belize
Ms.	Danielle	Walwyn	Advocacy Officer	HCC	Antigua & Barbuda
Ms.	Sheena	Warner-Edwards	Communications Officer	HCC	Barbados
Dr.	Vanessa	White-Barrow	President/Nutritionist/Head, School of Allied Health and Wellness	Caribbean Association of Nutritionists and Dietitians (CANDi)	Jamaica
Ms.	Greta	Yearwood	Chief Executive Officer (Interim)	HSFB	Barbados

## ANNEX 2: MEETING PROGRAMME

# ACCELERATING THE REMOVAL OF ULTRA-PROCESSED PRODUCTS FROM CARIBBEAN SCHOOLS

## MEETING PROGRAMME – DAY 1

JULY 4-5, 2023 | COURTYARD MARRIOTT, BRIDGETOWN, BARBADOS (*times in AST*)

8.30 - 9.00	REGISTRATION	
9.00 – 10.50	OPENING	<b>MODERATOR:</b> <b>Mrs. Maisha Hutton</b> <i>Executive Director, HCC</i>
9.00 – 9.10	<b>Welcome, objectives and expected outcomes</b> <i>(10 min)</i>	<b>Sir Trevor Hassell</b> <i>HCC</i>
9.10 – 9.30	<b>Official Opening Welcome Remarks</b> <i>(20 min)</i>	<b>Dr. Ramona Archer-Bradshaw</b> <i>Chief Education Officer</i> <i>Ministry of Education, Technological and Vocational Training, Barbados</i>  <b>Dr. Gloria Giraldo</b> <i>Advisor, NCDs and Mental Health</i> <i>Pan American Health Organization, Barbados</i>
9.30 – 9.50	<b>School Food Environments across the Caribbean</b> <i>(Presentation - 20 min)</i>  Presentation Objective: To provide a snapshot of current school food environment across the Caribbean and national policy responses.	<b>Dr. Suzanne Soares Wynter</b> <i>Clinical Nutritionist, Caribbean Institute for Health Research (CAIHR)</i> <i>*virtual presentation</i>
9.50 – 10.05	<b>School food policies - a child rights and equity issue</b>  <i>(Chat/ Discussion - 15 min)</i>  Chat/Discussion Objective: To discuss and reinforce the human/child rights and equity dimensions of school food policies.	<b>Ms. Nicole Foster</b> <i>Healthy Caribbean Coalition Policy Advisor; Attorney-at-law, Lecturer and Head of the Law and Health Research Unit at the University of the West Indies Cave Hill Campus.</i>  <b>Mr. Pierre Cooke</b> <i>HCC Youth Technical Advisor</i>

10.05 – 10.20	<p><b>FOPWL – A foundational and enabling policy for comprehensive food policy packages including School Nutrition Policies</b></p> <p><i>(Presentation - 15 min)</i></p> <p>Presentation Objective: To build an understanding of FOPWL as a foundational and enabling policy among public sector and civil society actors promoting the removal of ultra-processed products from Caribbean schools.</p>	<p><b>ODr. Fabio da Silva Gomes</b>  <i>Nutrition and Physical Activity Advisor,  Pan American Health Organization</i>  *virtual presentation</p>
10.20 – 10.50	<p><b>Discussion and Q&amp;A (30 min)</b></p>	<p><b>Moderator</b></p>
10.50 - 11.20	<p><b>GETTING TO KNOW EACH OTHER ICEBREAKER &amp; HEALTH/ PHYSICAL ACTIVITY BREAK</b></p>	
11.20 – 1.00	<p><b>HEALTHY SCHOOL FOOD POLICIES - EXPERIENCES FROM ACROSS THE REGION</b></p> <p><i>Session Objective: To share country experiences in the removal of ultra-processed products from school settings in Bermuda, Trinidad and Tobago, Jamaica, Barbados.</i></p>	<p><b>MODERATOR:</b>  <b>Ms. Charity Dublin,</b>  <i>Vice President Antigua and Barbuda Diabetes Association; Nutritionist, Antigua and Barbuda Ministry of Health and the Environment; HCC/HCY</i></p>
11.20 – 11.35	<p><b>The leader of the pack: 2006 Bermuda Healthy Schools Vending Machine and Cafeteria Policy</b></p> <p><i>(Presentation 15 min)</i></p>	<p><b>Ms. Marie Beach</b>  <i>Healthy Schools Coordinator,  Department of Health, Bermuda</i></p>
11.35 – 11.50	<p><b>Experiences of Removing SSBs from Schools in Trinidad and Tobago</b></p> <p><i>(Presentation 15 min)</i></p>	<p><b>Ms. Michelle Ash</b>  <i>Chief Nutritionist &amp;  Head of Department  Nutrition &amp; Metabolism Division  Ministry of Health Special Services &amp;  Programmes, Trinidad and Tobago</i>  *virtual presentation</p>
11.50 – 12.05	<p><b>From the Interim Beverage Guidelines to the National School Nutrition Policy – Lessons from Jamaica</b></p> <p><i>(Presentation 15 min)</i></p>	<p><b>Ms. Deonne Caines</b>  <i>Programme Development Officer,  Nutrition Unit,  Ministry of Health and Wellness,  Jamaica</i></p>

12.05 – 12.20	<p><b>Early Experiences Implementing the Barbados School Nutrition Policy – Banning SSBs in schools</b></p> <p><i>(Presentation 15 min)</i></p>	<p><b>Ms. Hedda Phillips-Boyce</b>  <i>Education Officer  Ministry of Education, Technological and Vocational Training, Barbados</i></p>
12.20 – 1.00	<p><b>Panel Discussion and Q&amp;A</b>  <i>(40 min)</i></p>	<p><b>Moderator</b></p> <p><b><i>Moderator to invite Interventions from the Floor: Updates on National School Nutrition Policies</i></b></p> <p><b>Ms. Lisa Hunt</b>  <i>Chief Nutritionist, Ministry of Health, St. Lucia</i></p> <p><b>Ms. Alicia Ferdinand</b>  <i>Community Dietician, Ministry of Health, St. Vincent and the Grenadines</i></p> <p><b>Ms. Lydia Browne</b>  <i>Executive Secretary  Grenada Food and Nutrition Council</i></p>
1.00 – 2.00	<p><b>LUNCH &amp; GROUP PHOTO</b></p>	
2.00 – 3.30	<p><b>THE ROLE OF CIVIL SOCIETY IN SUPPORTING HEALTHY SCHOOL FOOD POLICIES</b></p> <p><i>Session Objective: To share civil society experiences in supporting and advocating for the removal of ultra-processed products from Caribbean schools.</i></p>	<p><b>MODERATOR:</b></p> <p><b>Dr. Gloria Giraldo</b>  <i>Advisor, NCDs and Mental Health  Pan American Health Organization,  Barbados</i></p>
2.00 – 2.15	<p><b>The Heart Foundation of Jamaica</b>  <i>(15 min)</i></p>	<p><b>Ms. Barbara McGaw</b>  <i>Project Manager, Global Health  Advocacy Project,  Heart Foundation of Jamaica</i></p> <p><b>Ms. Rosanna Pike</b>  <i>Health Education Officer, Global Health  Advocacy Project,  Heart Foundation of Jamaica</i></p>
2.15 – 2.30	<p><b>The Power of Youth Voices: Jamaica Youth Advocacy Network</b>  <i>(15 min)</i></p>	<p><b>Shannique Bowden</b>  <i>Executive Director, Jamaica Youth  Advocacy Network</i></p>

2.30 – 2.45	<b>Hand in Hand - from Vendors to Alternative Foods to Apps - An Experience from the Barbados Childhood Obesity Prevention Coalition in support of the Barbados School Nutrition Policy</b> (15 min)	<b>Ms. Francine Charles</b> <i>Programme Manager, Childhood Obesity Prevention Programme, Heart and Stroke Foundation of Barbados</i>
2.45 – 3.00	<b>Building public support: Act on Facts - The Food in our Schools Matters Regional Campaign</b> (15 min)	<b>Ms. Sheena Warner-Edwards</b> <i>HCC Communications Officer</i>
3.00 – 3.30	<b>Panel Discussion and Q&amp;A</b> (30 min)	<b>Moderator</b>
<b>3.30 – 3.45</b>	<b>HEALTH/ PHYSICAL ACTIVITY BREAK</b>	
3.45 – 4.15	<b>Commercial Determinants of Health, Conflict of Interest and Policy Interference in School Settings</b>  (Presentation 15 minutes)  (Group Discussion 15 minutes)	<b>Ms. Maisha Hutton</b> <i>Executive Director, HCC</i>
<b>4.15 – 5.15</b>	<b>CHALLENGES IN REMOVING ULTRA-PROCESSED PRODUCTS FROM SCHOOL SETTINGS</b>	<b>MODERATOR:</b> <b>Sir Trevor Hassell</b>
4.15 – 5.15	<b>Moderated Open Discussion</b> (60 min)  <i>Session Objective: This session will bring together panellists to explore some of the key challenges in driving school food policies including: political will (engaging with policymakers), industry presence (marketing in schools, sponsorships and funding gaps), policy ownership and implementation capacity, evidence including M&amp;E, youth engagement, vendor buy-in, public buy-in and healthy options/ identifying regulated products, procurement etc. Strategies to overcome the challenges including identifying key needs and next steps, will also be explored.</i>	<b>Moderator</b>

5.15 – 5.30	<b>COLLECTIVE REFLECTIONS ON DAY 1 LOOKING TO DAY 2</b>	<b>MODERATOR:</b> <b>Mr. Andrew Dhanoo</b> <i>President, Diabetes Association of Trinidad and Tobago</i>
5.15 – 5.30	<b>Interactive Discussion Session (15 min)</b>	<b>Moderator</b>
5.30	<b>CLOSING</b>	

## ACCELERATING THE REMOVAL OF ULTRA-PROCESSED PRODUCTS FROM CARIBBEAN SCHOOLS

### MEETING PROGRAMME – DAY 2

JULY 4-5, 2023 | COURTYARD MARRIOTT, BRIDGETOWN, BARBADOS (*times in AST*)

9.00 – 9.15	<b>OPENING</b>	<b>MODERATOR:</b> <b>Maisha Hutton, HCC</b>
9.00 – 9.15	<b>Welcome, Interactive Recap and Overview of Day 2 (10 min)</b>	<b>Dr. Sonia Nixon</b> <i>President, Grenada Cancer Society</i>
9.15 - 10.45	<b>SUPPORTING IMPLEMENTATION</b>  <i>Session Objective: This session will highlight existing resources and examples from outside of the Caribbean to support the removal of ultra- processed products from schools.</i>	<b>MODERATOR:</b> <b>Prof. Alafia Samuels,</b> <i>University of the West Indies</i>
9.15 – 9.30	<b>Supporting harmonization and regulatory capacity gaps - HCC Model Legislation (15 min)</b>	<b>Ms. Nicole Foster</b> <i>HCC, UWI</i>
9.30 – 9.45	<b>Providing Healthy Options - The Alternative Foods and Beverages List in Barbados (15 min)</b>	<b>Dr. Kia Lewis</b> <i>Physician and Chair of the Barbados Childhood Obesity Prevention Coalition</i>

9.45 – 10.00	<b>Barbados SSB Tax and School Nutrition Policy Joint Evaluation Planning</b> (15 min)	<b>Dr. Madhuvanti Murphy</b> <i>Senior Lecturer in Qualitative Research Methods, The George Alleyne Chronic Disease Research Centre (GA-CDRC) A Unit of the Caribbean Institute for Health Research (CAIHR), UWI</i>
10.00 – 10.15	<b>Global Experiences: Banning ultra-processed foods in Rio de Janeiro's city schools - an experience report</b> (15 min)	<b>Ms. Fabíola Leal</b> <i>Lawyer and Advocacy Analyst, Instituto Desiderata, Brazil</i>
10.15 – 10.45	<b>Panel Discussion and Q&amp;A</b> (30 min)	<b>Moderator</b>
10.45 - 11.15	<b>HEALTH/ PHYSICAL ACTIVITY BREAK</b>	
11.15 – 12.30	<b>SUPPORTING YOUTH ACTION</b>	<b>MODERATOR:</b> <b>Danielle Walwyn,</b> <i>Advocacy Officer, HCC</i>
11.15 – 12.00	<b>Being an Ally: Driving Youth Advocacy</b> (45 min)  <i>Session Objective: This session will seek to highlight key strategies that CSOs can employ to meaningfully engage youth in their work and within their organizational structure. The session will also spotlight youth-driven advocacy work across the region in the Healthy Food Policy Advocacy space.</i>	<b>Mr. Andrew Dhanoo</b> <i>President, Diabetes Association of Trinidad and Tobago</i>  <b>Shannique Bowden</b> <i>Executive Director, Jamaica Youth Advocacy Network</i>  <b>Ms. Michron Robinson</b> <i>Barbados Childhood Obesity Prevention Coalition Youth Advocate</i>  <b>Mr. Pierre Cooke Jr</b> <i>Youth Technical Advisor, HCC</i>  <b>Ms. Charity Dublin</b> <i>Vice President Antigua and Barbuda Diabetes Association; Nutritionist, Antigua and Barbuda Ministry of Health and the Environment; HCC/HCY</i>  <b>Ms. Rosanna Pike</b> <i>Health Education Officer, Heart Foundation of Jamaica</i>



12.00 – 12.30	<b>Panel Discussion and Q&amp;A (30 min)</b>	<b>Moderator</b>
<b>12.30 – 1.00</b>	<b>THE ROLE OF PARTNERS</b>	<b>MODERATOR:</b> <b>Ms. Laura Tucker-Longworth</b> <i>President, Belize Cancer Society; HCC Board Member</i>
12.30 – 1.00	<i>(Panel Discussion - 30 min)</i>  <i>Session Objective: To discuss the roles of various partners, their related work and provide an opportunity for attendees to share needs which could be addressed by these entities.</i>	<b>Mr. Fransen Jean</b> <i>Food Security Officer FAO Sub-regional Office for the Caribbean</i>  <b>Dr. Lisa McClean-Trotman</b> <i>Communication for Development Specialist, Programme UNICEF Eastern Caribbean Area Office</i>  <b>Dr. Heather Armstrong</b> <i>Head, Chronic Disease and Injury Chronic Disease and Injury Department Office of the Executive Director Caribbean Public Health Agency</i>  <b>Dr. Gloria Giraldo</b> <i>PAHO</i>  <b>Dr. Madhuvanti Murphy</b> <i>UWI</i>
<b>1.00 – 1.50</b>	<b>CREATING A REGIONAL ROADMAP</b>	<b>MODERATOR:</b> <b>Ms. Maisha Hutton</b> <i>HCC Team</i>
1.00 – 1.30	<b>Guided group work (30 min)</b>  <i>The aim of the group work will be to discuss priorities and next steps (ie. creating network, WhatsApp group, best practices document, application of existing tools, development of tools, national/ regional campaigns, meetings, dissemination of model legislation, catalysing youth involvement through HCC/HCY, follow up meeting, reaching out to policymakers, alignment with other policies and political agendas etc.) to support expanded policy implementation articulating the roles of key sectors.</i>	<b>HCC Team</b>  <b>Group work</b>

	<i>This roadmap will be shared at the HCC NCD Forum for inclusion in the HCC Strategic Planning process.</i>	
1.30 – 1.50	<b>Group Feedback and Consolidation</b> <i>(20 min)</i>	<b>HCC Team</b>
1.50 – 2.00	<b>Reflections and Closing</b> <i>(10 min)</i>	<b>Moderator</b> <b>Ms. Maisha Hutton</b> <i>HCC</i>
<b>2.00 - 3.00</b>	<b>MEETING CLOSE &amp; LUNCH</b>	

## ANNEX 3: FULL TEXT OF OPENING REMARKS

### OPENING WELCOME REMARKS – Sir Trevor Hassell, President, HCC

Good morning, and welcome on behalf of the Directors, member organizations, partners, and volunteers of the HCC.

I am Trevor Hassell, President of the HCC and I am happy to see so many of you here today for the first HCC-led face-to-face regional meeting post-COVID.

A special welcome to those of you who arrived from other Caribbean countries and possibly even further abroad. I hope your travel was pleasantly uneventful and you are very comfortably settled here at the Marriott.

So, over the next 2 days, the plan is for us to share experiences and discuss ways forward to accelerate the removal of Ultra-processed products from Caribbean schools as one of several approaches to address childhood obesity.

Caribbean countries have among the highest rates of childhood and adult obesity.

The harsh reality is that failure to slow or reverse the ever-increasing levels of obesity will result in Caribbean countries failing to meet Sustainable Development Goal 3.0 and Target 3.4 by 2030.

And so, it is important for us all to redouble our efforts and call for the implementation of Front of Package Labels; Tax on Sugary Sweetened Beverages, and Healthy School Nutrition Policies; measures recognized together with others to positively impact both childhood and adult obesity.

Integral to these efforts as reflected in the recent **2023 Bridgetown Declaration on NCDs and Mental Health**, which was endorsed by CARICOM health ministers; is the recognition that the passage of these policies requires an awareness of the impact of the commercial influence and trade-related challenges; recognition of a need to address the underlying social, economic, and environmental drivers of risk, and a need for strong advocacy to ensure good governance and management of Conflict of Interest in public health policymaking throughout the Caribbean.

This week, it is a happy coincidence that at the 50<sup>th</sup> Anniversary of the CARICOM Heads of State and Government Meeting, it is anticipated that an intervention will be made by the Dean of CARICOM Youth Ambassadors, in which a call is made as requested by the Healthy Caribbean Youth of the HCC, and partners, for Heads of State and Government to implement Front of Package Labels; Tax on Sugary Sweetened Beverages, and Healthy School Nutrition Policies.

This initiative is important since it demonstrates what is possible with a clearly focused vision, strategic thinking, careful planning, collaboration and partnerships, meticulous execution, passion, enthusiasm, and commitment.

Let us now follow the example set by the youth, and draw on their energies, as we over the next 2 days plan for the removal of UPPs from our Caribbean schools. So, over the next 2 days to do this we have brought together ..... (SLIDES).

## **OFFICIAL OPENING WELCOME REMARKS – Dr. Ramona Archer-Bradshaw, Chief Education Officer, Ministry of Education, Technological and Vocational Training, Barbados**

Professor Trevor Hassell, President, Healthy Caribbean Coalition

Ms. Yolanda Gongora, Chief Education Officer, Ministry of Education, Culture, Science and Technology, Belize

Mrs. Maisha Hutton, Executive Director, Healthy Caribbean Coalition

Participants

Specially invited guests

Media

Ladies and gentlemen

Good morning.

For those of you who are our regional brothers and sisters It is a pleasure for me to welcome you to my beautiful island Barbados. To my colleagues and partners, I extend warm greetings to you.

Today, I address a very important issue that has an impact on the health and wellbeing of the present and future generations in our region – the presence of sugar-sweetened beverages and ultra-processed foods in our schools.

It is common knowledge that the use of ultra-processed foods has been on the rise over the past few decades due to the high fat, salt, and sugar content that makes them tasty and appealing. Additionally, they are convenient. Unfortunately, the overconsumption of these foods, coupled with limited or no exercise, can lead to a wide variety of health problems such as obesity, diabetes, and cardiovascular diseases. This is a concern that, if not addressed, can negatively impact the socio-economic success of our region. This is a concern that requires our immediate attention and calls for a regional approach to address this pervasive issue.

How many of you know that, according to research published by the Healthy Caribbean Coalition,

- NCD mortality in the Caribbean is the highest in the Americas.
- Forty percent of NCD deaths occur prematurely in those under 70 and are potentially preventable.
- In 12 CARICOM countries, 10 – 25% of adults have diabetes and 20% to over 50% suffer from high blood pressure.
- More than 85% of adults in CARICOM Member States do not meet recommended levels of fruit and vegetable intake.

These harrowing statistics are not confined to the adult population alone. Research has shown that:

- On average within the region 1 child out of every 3 is overweight.
- Childhood obesity exceeds 7 of the 11 countries with data.
- Obesity in children is driven by the increased availability of high-fat and high-sugar fast foods and sugar-sweetened beverages.
- In every surveyed CARICOM Member State, less than a third of school children aged 13-15 years old get the recommended level of physical activity.

So, what do these statistics tell us? They tell us that the Call to Action is NOW.

It is not enough for one or two countries to implement school nutrition policies and hope for the best. The Action requires a concerted regional approach that commits to the removal of ultra-processed foods from schools and the provision of healthier and more nutritious meals. In Barbados, we have taken the step to remove sweetened drinks and other unhealthy options from our schools. The battle is not an easy one, but with consistent sensitisation and support of our canteen concessionaires and vendors, we are turning the corner. I believe that if we work together as a region, we can share best practices and resources. We can move, lockstep, towards the goal of creating a healthier environment for our children, setting them up for a lifetime of good health and well-being.

While it is important for canteen concessionaires and vendors to show support for the policy, it is also necessary to raise awareness among teachers, parents, and students about the detrimental effects of sugar-sweetened beverages, ultra-processed foods, and lack of physical activity. Parents across the region need to encourage their children to make healthy choices from a young age, so that they do not develop bad practices. These teachings should be reinforced in school through the formal and informal curriculum. Overall, we must consistently highlight the importance of a balanced diet in promoting overall health and academic achievement. The community can also play a role by organising community-based meetings, workshops, seminars, and campaigns. Through these approaches, we can empower individuals to make informed decisions when it comes to food choices.

We cannot forget the farmers. Collaboration with local farmers, fisher folk, and suppliers is essential in promoting fresh, locally-sourced ingredients required for meals in schools. By supporting local farmers and promoting sustainable agricultural practices, we not only provide healthier options for our students but also contribute to the growth and development of the economy.

Additionally, it is imperative to invest in school infrastructure and resources to facilitate nutritious and healthy meals on site. By providing well-equipped kitchens and hiring trained staff, we can ensure that fresh and wholesome meals are prepared, free from harmful additives and preservatives found in ultra-processed foods. These investments will have long-term benefits for our children's health and well-being.

Lastly, monitoring and evaluation must play a pivotal role in our regional approach. Regular inspection and assessment of school meals programmes and the offerings of canteen concessionaires and vendors will help identify areas for improvement and ensure compliance with National School Nutrition Policies. It is essential to ensure accountability and transparency in our efforts to remove ultra-processed foods and sugar-sweetened beverages from our schools, while promoting physical activity.

In conclusion, a multisectoral approach to the removal of ultra-processed foods and sugar-sweetened beverages in schools is a collective responsibility that requires the involvement of all stakeholders at all levels. By working together, we can create a healthy and sustainable environment for our children, promoting their well-being and providing a brighter future for generations to come. Let us together embark on this journey with determination and commitment, for the health of our children is worth every effort. "If we don't care of our children's wellness, we will have no choice but to take care of their illness." Let us take action now!

Thank you.

## **OFFICIAL OPENING WELCOME REMARKS – Dr. Gloria Giraldo, Advisor NCDs and Mental Health, PAHO/WHO, Barbados**

Thank you, Dr. Ramona Archer Bradshaw, and greetings to the distinguished colleagues previously recognized, and to all participants in this important meeting so carefully organized and curated by our colleagues from the Healthy Caribbean Coalition, with input from so many of you, in their characteristic highly participatory way.

As Sir Trevor has just reminded us, the recently held Ministerial Conference on Noncommunicable Diseases and Mental Health for Small Island Developing States, under the auspices of WHO, PAHO and the Government of Barbados, led to the development of the 2023 Bridgetown Declaration on NCDs and Mental Health. This Declaration underscores the concerning fact that that SIDS have the highest rates of childhood and adult obesity globally. However, promoting healthy diets and addressing NCDs in SIDS is hindered by a dependence on imported food, medicine, diagnostic devices, commercial influence, and trade-related obstacles.

Ministers, advocates, and health and educational professionals have full recognition of the increasing burden of childhood obesity worldwide and particularly in small island developing states (SIDS). In the Caribbean, among children from 5 – 9 years of age, overweight rates range from 20 – 35%; and the rate of obesity among children of this same age group range between 7.5% to 15%; and these trends continue through adolescence and adulthood.

We know the entire world has undergone and is still undergoing a nutrition transition. This transition is manifested through trends that reflect economically and culturally driven shifts in dietary practices towards over consumption of energy in tandem with shifts towards lower levels of physical activity. The causes are multifactorial and complex; therefore, the responses must be multifactorial, complex and bold. Sustained policies are required to halt the upward trending rates of noncommunicable diseases directly fuelled by unhealthy diets.

PAHO continues to be a strong champion of a whole-of-society approach to complex societal problems such as obesity. And I say societal, because if the COVID-19 pandemic has taught us anything, it has highlighted that the impact of health is far-reaching and affects all aspects of society. Therefore, achieving any meaningful reductions in the obesity epidemic and concomitant NCD burden requires long-term multi-sectoral commitment.

I know these two days will be fully dedicated to strategizing and operationalizing concrete and bold actions to advance a proven intervention: Removal of ultra processed products in the Caribbean schools.

In the last decade, the research on nutrition science and food science has fortunately advanced greatly. And for starters, food science is what happens to food between the ground and when it arrives to the body for human consumption/ to the mouth. And nutrition science is what happens to food between the mouth and the cells of the human body.

PAHO has been working tirelessly and jointly with the latest and ground-breaking researchers in food science who generated an entirely different approach to food classification known as the NOVA system based on **the extent and purpose of industrial processing of food**. From there, the definition of ultra-processed products. And robust data has established a **direct linkage** between NCDs and the

increased availability, affordability, and consumption of ultra-processed food and drink products with unhealthy profiles.

PAHO stands ready to continue working along all of you. This meeting could not be more timely to strengthen networks and partnerships among health advocates, children's advocates, food policy researchers and education advocates, to ensure swift action in accelerating the removal of ultraprocessed foods which is critical in addressing the burden of NCDs in the Caribbean.

Thank you very much.

## **ANNEX 4: PARTICIPANTS' INPUTS — SUCCESSES, LESSONS LEARNED, OPPORTUNITIES, CHALLENGES, AND ACTIVITIES**

### **Successes**

- Alternative snacks and beverages list.
- Co-branding with Ministry.
- Strategic media engagement.
- Update of education of parents, vendors, and school staff on healthier choices/re-education and training of food vendors and canteen managers to prepare healthy food and still make a profit.
- Involvement of youth voices, including placing youth on all planning committees for healthy communities.
- Building NCD political champions to address NCDs and public health problems.
- Inclusion of people living with NCDs in all public relation strategies.
- Water and other healthy beverages in school vending machines, school water fountains, and water bottle-filling stations.
- Creation of NCD champions in some media houses to hold health and education to account.

### **Lessons learned**

- Collaborating with Industry for buy-in and for manufacturers to produce healthier snacks is important.
- Undertaking social agitation when necessary to gain public support can be a useful strategy.
- Teaching children about healthy lifestyles so that they can make better choices and enjoy wellbeing is crucial, exemplified by interventions such as the promotion of Water Wednesdays and Fruit Fridays.
- Making decisions that are not popular, but right, is necessary for health.
- Promoting and taking a human-rights approach, with obligations to protect, respect, and fulfill enables equity and accountability.
- Engaging stakeholders, including civil society, is critical for successful implementation.
- Strategising, and strengthening M&E for programming, are crucial for success.
- Establishing partnerships with other foundations or NGOs to alleviate the stress and workload of the ministry of health is an important strategy.
- Effective—including cost-effective—communication is paramount:
  - Using an integrated social marketing strategy to mount health promotion campaigns, disseminate messages, and increase the reach to target audiences, as well as re-running successful campaigns.
  - Speaking on behalf of the population and providing information on evidence-based interventions to policymakers, with concise messages and simplified “one-pagers”.
  - Taking simple, practical approaches to reach the public and highlight what needs to be done, and why—each one, reach one!
  - Developing more targeted communication to parents and children, in their language, using various communication products, including posters and PSAs, and involving student leaders.



## **Opportunities**

- Encouraging more regional advocacy efforts, including communication campaigns, instead of depending on individual country efforts; joining forces and collaborating to support national interventions; and obtaining CARICOM support to push for food policy legislation.
- Establishing a legal framework for advocacy.
- Continuing partnerships/collaboration among stakeholders, using evidence from countries across the region to educate.
- Ensuring clarity on penalties for breaching the NSNP or making decisions on how breaches should be handled.
- Enabling social change to support families and create environments and social capital that support healthy choices.
- Commercialising the healthy alternatives.
- Ensuring integration of culture and food.
- Collaborating more closely with vendors' organisations and canteen operators, showing that they can continue to make a profit with healthier alternatives, creating digital content training videos and making greater use of social media platforms.
- Establishing meaningful partnerships with local farmers (backed by government grants and subsidies, and government-endorsed school gardens).
- Drafting, finalising, and implementing school nutrition policies; enacting and implementing legislation on mandatory measures.

## **Challenges**

- Limited politician awareness of the issues, especially in sectors other than Health.
- Insufficient funds allocated to schools, resulting in sales of UPPs and acceptance of sponsorships from health-harming companies to increase revenue.
- Greater collaboration to improve retailers' and vendors' awareness of the issues, through meetings, sharing of goals and objectives, and discussions of healthy alternatives, to create an environment in which changes can occur.
- Possible vendor non-compliance with the NSNP, due to fears of lost profits and livelihoods, and resulting limited or no political will to act.
- Perceived targeting of SSB manufacturers, while there are other products that are high in sugar.
- Purchase points outside of the school setting where student procure food and beverages.
- Limited awareness of new and important areas of intervention.
- Limited involvement of financial institutions in funding scholarships/grants for programmes in schools, thus replacing vendors/individuals/companies who sell UPPs and sponsor school sports and activities
- Strategies to drive importation of healthier snacks by manufacturers/retailers.
- Conflict of interest within the government administration.
- No clear provision or guidance in the BSNP for people living with diabetes.

## **Activities**

- Develop effective strategies for campaigns, including the use of social media, sensitising the public (voters), policymakers, and children and youth on the issues and healthy behaviours, offering fun, memorable activities and competitions to the last-mentioned group.

- Identify strategic influential partners and hold conversations with political leaders and policymakers on the benefits of school nutrition policies, using personal connections to generate political will and push policy.
- Adopt an all-of-government approach (not limited to the ministries of health and education).
- Obtain and disaggregate NCD data at subnational level, e.g., at the parish level, to enable development, implementation, monitoring, and evaluation of interventions in constituencies.
- Offer incentives and penalties to drive reformulation of unhealthy HFSS products, and provide a rationale for which items are, and are not, permitted in schools, using relevant NPMs.
- Advocate for investment in local manufacturing plants, since most foods in SIDS re imported, and support innovation and agricultural production.
- Provide evidence for proposed interventions and offer incentives/rewards, such as tax breaks and brand recognition, for vendors/companies/individuals who sell/produce/promote healthy food options in schools.

Participants further identified activities according to impact and feasibility levels, as summarised in Table 2 below.

**Table 2. Selected activities by impact and feasibility – participants' input**

		IMPACT	
		<i>High</i>	<i>Low</i>
FE	<i>High</i>	<b>High-impact, high feasibility</b> <ul style="list-style-type: none"> <li>• Implement media campaign.</li> <li>• Conduct school tours.</li> <li>• Lobby for new political champions who are not ministers of health.</li> <li>• Focus on engaging youth.</li> <li>• Get FOPWL adopted.</li> <li>• Conduct research on capacity building.</li> <li>• Implement regional agitation activity.</li> <li>• Prepare CSO declaration on the right to health of our Caribbean children.</li> <li>• Implement social media outreach programmes to spread information faster and on a larger scale.</li> <li>• Hold social media campaigns in unison on specific day (s), with youth advocates.</li> <li>• Influence political will, recruit influential politician members of cabinet, and provide him/her with talking points.</li> <li>• Talk to governments about UPPs and warn the public about the danger of UPPs.</li> </ul>	<b>Low impact, high feasibility</b> <ul style="list-style-type: none"> <li>• Offer healthy food scholarship</li> <li>• Apply UPP taxation</li> <li>• Hold health rallies</li> <li>• Implement FOPWL in 1-2 years</li> <li>• Identify parliamentarians as NCD champions</li> <li>• Implement media blast</li> </ul>
	<i>Low</i>	<b>High-impact, low feasibility</b> <ul style="list-style-type: none"> <li>• Endorse regional FOPWL system.</li> <li>• Include children and parents.</li> <li>• Continue health advocacy to increase awareness of profit as the purpose of marketing HFSS products.</li> </ul>	<b>Low-impact, low feasibility</b> <ul style="list-style-type: none"> <li>• <i>None identified.</i></li> </ul>

# ANNEX 5: GROUP WORK – GUIDING QUESTIONS, TABLE FORMAT, AND GROUP OUTPUTS

## GUIDING QUESTIONS

1. What are some achievable activities which could be implemented at the regional and national level to support the removal of ultra-processed products from school settings?
2. Are your activities addressing the challenges raised?
3. Are your activities building on the successes?
4. Are your activities building on the lessons learned and key opportunities?

## TABLE FORMAT

<b>Regional Activities (3-5)</b>	<b>Description</b>	<b>Timeline</b>	<b>Role of Civil Society (HCC)</b>	<b>Role of Partners (Government, Academia, agencies etc.)</b>	<b>Other *Supporting existing activities/ alignment</b>
<b>National activities (3-5)</b>	<b>Description</b>	<b>Timeline</b>	<b>Role of Civil Society (HCC)</b>	<b>Role of Partners (Government, Academia, agencies etc.)</b>	<b>Other *Supporting existing activities/ alignment</b>

**GROUP OUTPUTS**

**GROUP 1**

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
<b>Regional</b>					
Focus digital advocacy with the same messages and tags on select days.					
Have UWI create a Task Force on Childhood Obesity Prevention to issue statements, mount seminars, etc.					
Advise and engage regional meetings of school Principals in this campaign.		Jul 2023			
Engage faith-based organisations – share sermons and Bible studies from the UWI FaN project.					
Develop and disseminate video on healthy alternatives, learning from the HFSB video.					
<b>National</b>					
Engage other youth groupings (Cadets, 4H, Guides and Scouts) in obesity prevention work.					

Provide individual political leaders with information on the specific NCD burden in their constituencies, e.g., number of children with overweight/obesity.					
Encourage musicians to create songs, jingles, etc.					

**GROUP 2**

<b>Activities</b>	<b>Description</b>	<b>Timeline</b>	<b>Role of Civil Society (HCC)</b>	<b>Role of Partners (Government, Academia, agencies etc.)</b>	<b>Other *Supporting existing activities/ alignment</b>
<b>Regional</b>					
FOPWL – Produce simplified one-pagers for parliamentarians, parents, youth, private sector.	To generate greater support and to impact adoption of FOPWL standard.	Now until Nov 2024	To support the process by continuing advocacy activities.	CSOs; Ministries beyond Health (Agriculture, Education, Trade, Finance); Academia; Education: parents, teachers, and students.	
<b>National</b>					
Facilitate greater awareness of healthier alternatives in schools.	Through more awareness in parents, children, vendors, and distributors/ manufacturers; reframe – profit.	Sep 2024-Jul 2025	Promoting it nationally and regionally.	Education; Health; PTAs; Vendors; Canteen Operators; Youth voices.	

	Activities for students: Debates, PSA poster competitions, culinary competition, exercising activities (dance competition, rallies, 5K walks).	Sep 2023-Jul 2024			
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### GROUP 3

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/alignment
<b>Regional</b>					
Re-run the Act on Facts Campaign ("The food in our schools matters")	Social media campaign of content material with boosting in all countries, with an increased number of CSOs participating.	2-3 months	Provide materials and money for boosting for each CSO.	Share content.	
Establish a resource/clearinghouse for all childhood obesity prevention materials.					
<b>National</b>					
Conduct snack and beverage mapping/listing.	To create a local list of healthy alternatives for snacks following the Barbados model.	6-8 months	Funding, technical guidance.	Technical, training institutions.	Nutrition associations; research assistance to collect information; graphic artists.

Convene stakeholder consultations with students on UPPs (high schools and primary schools).	Creating spaces/opportunities to voice their views on UPPs in schools, learn about what is being proposed, and garner media attention about UPPs in schools and nutrition policies.	3-6 months	Funding, technical guidance	Funding, permissions, and support to promote activities. Media involvement to promote and cover the activities.	Develop reports from consultations and policy plan.
Engage youth organisations (in their groups).	Reaching out to established organisations to attend their meeting/gathering to discuss UPPs.	2-6 months		Permissions to attend.	
Establish a national childhood obesity prevention alliance.					

GROUP 4

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
<b>Regional</b>					
Implement a social media campaign.	<ul style="list-style-type: none"> <li>- Dangers of SSBs.</li> <li>- Reading food labels.</li> <li>- Sharing campaign material.</li> <li>- FOPWL.</li> <li>- Should be simple and engaging.</li> <li>- Use new technology such as augmented reality: QR codes, less printing.</li> </ul> <p>Develop an augmented reality (AR) app that allows users to scan virtual versions of food products using their smartphones or tablets. When the public point their devices at posters or billboards featuring FOPL products, the app can overlay content showcasing nutritional information, highlighting the benefits of FOPL, and suggesting healthier alternatives. FOPL posters or billboards can feature AR-triggered animations, interactive content, or virtual spokespersons providing information about FOPL and</p>	Jan 2024	<ul style="list-style-type: none"> <li>- Legal minds.</li> <li>- Social media experts.</li> <li>- Experience of rolling out campaigns.</li> <li>- Monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>- Academia to interpret the data.</li> <li>- MOH and MOE can be involved in monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>- Training on using QR code.</li> <li>- Social media training.</li> <li>- Training on monitoring and evaluation.</li> </ul>



	encouraging people to learn more or take action.				
Establish a database of foods in the region to be added to the <a href="#">Smart Switch app</a> .	- Focus on foods in the schools. - Scan foods to read labels which would determine if healthy.	December 2024	Help with data collection.	CARICOM to help with funding data collection.	
<b>National</b>					
Establish youth advocacy groups.	Encouraging existing commissions to involve youth on Boards.		Can encourage them to create youth arms.		
Mount roaming music and health fairs.	Using culture to drive messages in different communities.				

### GROUP 5

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
<b>Regional</b>					
Undertake monitoring and evaluation.	Creation of toolkit (e.g., combination of monitoring app created by HSFBS supplemented by relevant material)	6 months-1 year, beginning at the start of new school year (Sep 2023 for already-implemented policies).	Disseminate	<ul style="list-style-type: none"> <li>Permission/approval from gov't to use</li> <li>Country-level ethics approval</li> </ul>	
Implement strategies to have model NSNP endorsed by	Representational schools across the region based on readiness assessment in tandem with	By next CARICOM meeting (Feb. 2024)	Submission of proposal to CARICOM HoSGs.	Education and sensitisation.	

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
CARICOM, though CARICOM Youth Ambassadors.	overarching/model school nutrition policy.				
Conduct regional agitation.	Youth-led demonstration across the region for healthy food policies.	November 20 (World Children's Day)	<ul style="list-style-type: none"> <li>• Use youth advocates as faces/put them to the forefront of this activity.</li> <li>• If not already involved, recruit youth advocates.</li> <li>• Assist with regional coordination.</li> </ul>	Provision of platform to voice concerns.	
Advocate for higher representation at the CARICOM level for CSOs.	For CSOs to be formally represented.	6 months	Designating personnel to represent.	Technical support.	
<b>National</b>					
Engage Members of Parliament (MPs).	Leverage the collaboration of MPs, taking things a bit lower and getting MPs engaged.	6 months	Mapping MPs based on constituencies, what they are passionate about, active platforms, etc./frequents.		

**GROUP 6**

<b>Activities</b>	<b>Description</b>	<b>Timeline</b>	<b>Role of Civil Society (HCC)</b>	<b>Role of Partners (Government, Academia, agencies etc.)</b>	<b>Other *Supporting existing activities/ alignment</b>
<b>Regional</b>					
Develop and implement integrated social marketing (comprehensive communication plan).	Digital campaign (short videos and simple infographics).				
Endorse taxation.					
<b>National</b>					
Implement integrated social marketing.	Digital campaign (short videos and simple infographics); radio.				
Recruit influential political champions.	Taxation, food Industries.				
FOPWL.	Advocating governments.				
Engage school authorities.	Board of Management and Administration.				
Convene stakeholder consultations.	Intersectoral consultation (all-of-government, youth) toward implementation.				
Enact legislation.	Amend the Education Act to				

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
	include the NSNP.				

### GROUP 7

Activities	Description	Timeline	Role of Civil Society (HCC)	Role of Partners (Government, Academia, agencies etc.)	Other *Supporting existing activities/ alignment
<b>Regional</b>					
Convene regional consultation on commercial determinants of health and conflicts of interest (FOPWL).	This consultation should target high-level personnel within government, e.g., Permanent Secretaries, Ministers, and Chief Medical Officers, to speak about health policies in the region.	By Dec 2023	Provide technical support and expertise.	MoH, MoF, Bureau of Standards, Prime Minister's Office.	SSB Tax, School Nutrition Policy
<b>National</b>					
Conduct audit of supermarkets and grocery stores for UPPs (in support of the development of NSNP).	Recruit youth volunteers to collect data as part of a larger youth-focused, youth-led, and youth-driven programme.	June-Dec 2024	Recruitment of volunteers.	Government; Youth Department; Volunteer Programme; UMHS; Ross University; Windsor; CFBC, Rotaract, Lions Club.	Connect with DATT and HFJ regarding their youth arm programmes.
Develop an Alternative Snack and Beverage List.	To be used as an annex to the NSNP.	Dec 2024	Partner with government.	Ministry of Health, Ministry of Education, and CSOs will aid in the	Use of nutrition profiles (e.g. PAHO, or UK),

<b>Activities</b>	<b>Description</b>	<b>Timeline</b>	<b>Role of Civil Society (HCC)</b>	<b>Role of Partners (Government, Academia, agencies etc.)</b>	<b>Other *Supporting existing activities/ alignment</b>
				development and dissemination.	Barbados COP Coalition
Conduct public sensitisation.	Revamp "You're Sweet Enough" campaign.	Aug 2023- Dec 2023	Campaign development.	Media, MoH, schools, faith-based organisations.	MoH development of an SSB Policy

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